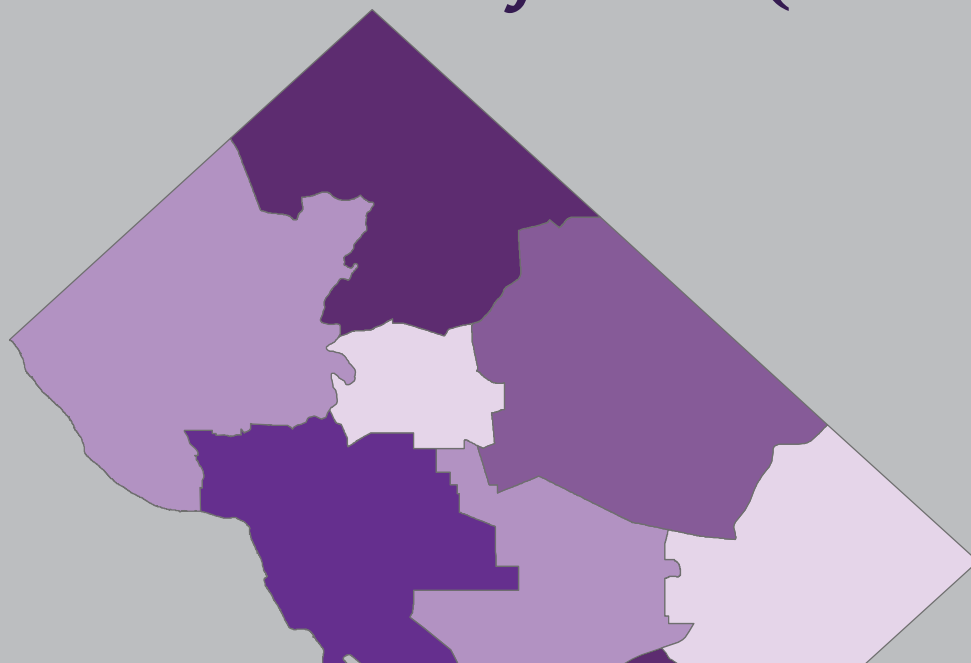


District of Columbia Behavioral Risk Factor Surveillance System (BRFSS)



2015

Annual Health Report



DC | **HEALTH**

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Data Collector for the DC BRFSS, 2015

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Executive Summary

The health and safety of a community lies in its ability to address and act upon risk factors that debilitate its growth and development. The burden of chronic disease combined by exposures to environmental pollution, influences of social conditions within families such as poor education, lack of affordable housing and insufficient income are factors that mandate public health measures to ensure improvements in quality of life. Conversely, efforts to improve the social determinants of health (e.g., increasing family economic stability, increasing educational attainment, and reducing racial and ethnic discrimination) have the potential to positively impact many health outcomes for individuals and families, especially children.

The BRFSS is a CDC sponsored health-risk landline and cell phone survey. Data collected from the survey are collected monthly in all 50 states, the District of Columbia, and three (3) territories. Information from the BRFSS an-

nual health report was obtained almost entirely from data captured and collected from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey.

It is important to convey the significance of data captured from the BRFSS and how this data should be used to strategically improve the health of District residents and avoid future preventable health challenges. This annual report, therefore, is an illustration of obstacles that must be addressed and how agencies, key stakeholders and organizations citywide can use this report as a starting point to identify and address the underlying factors that contribute to disparities. To this end, data should drive decisions and be the foundation for how to best utilize resources. Many preventive diseases could be reduced if data were used appropriately to determine burden and drive the appropriate policies, interventions, education initiatives and programs.

Highlights

Wards 7 and 8 have a median household income less than \$40,000 compared to Wards 2 and 3 whose median household income is greater than \$100,000

Mortality

- Heart disease and cancer are the top two leading causes of death in the District of Columbia
- Cancer is the leading cause of death in Wards 1, 2, 3 and 4, while heart disease is the leading cause of death in Wards 5, 6 7 and 8
- Diabetes is the third leading cause of death in Ward 6 and the fourth leading cause of death in Ward 8
- Ward 8 was the only ward where HIV/AIDS ranked among the top leading causes of death.
- Alzheimer's disease is a leading cause of death in all wards, except Ward 8

BRFSS

African Americans were more likely to have arthritis, asthma, high cholesterol, confusion and memory loss, COPD, diabetes, have activity limitation, and require the use of special equipment, no physical activity, consume fruits and vegetables less than one time per day, rate their health as fair or poor, had a heart attack, have heart disease, have high blood pressure, kidney disease, be obese, never had a pneumonia shot, have pre-diabetes and had a stroke

Whites were more likely to be binge drinkers, have a de-

pressive disorder, have health care coverage, tried smoking a hookah and met the aerobic and strengthening guidelines

Ward 1 - residents were more likely to have tried smoking a hookah

Ward 2 - residents were more likely to be binge drinkers

Ward 3 - residents were more likely to have health care coverage and never had an HIV test

Ward 4 - residents were more likely to meet the aerobic and strengthening guidelines

Ward 5 - residents were more likely to have diabetes, no flu shot within the past 12 months, be overweight, suffered from a head injury and no pneumonia shot (aged 65 and older)

Ward 6 - residents were more likely to be binge drinkers, have high cholesterol and have health care coverage

Ward 7 - residents were more likely to have arthritis, cancer, require the use of special equipment, have activity limitations, have pre-diabetes, no flu shot, consumed fruit and vegetables less than one time per day, have high blood pressure, be a current smoker, engage in no exercise, and rate their health as fair or poor

Ward 8 - residents were more likely to have asthma, high cholesterol, experience confusion or memory loss, depressive disorder, diabetes, activity limitation, fair or poor health, pre-diabetes, obese, smoker and no pneumonia shot

Introduction

The mission of the District of Columbia Department of Health (DC Health) is to promote health, wellness and equity across the District, and protect the safety of residents, visitors and those doing business in the nation's capital. The BRFSS is a surveillance tool essential to that mission by providing data that assist in public health action, which can measure and assess health-related attitudes, knowledge and behaviors that affect the stability of residents health and increase vulnerability to illness.

Achieving a standard of good health is a right, however, for many despite significant strides made in the health care industry the guarantee or benefits associated with having quality and adequate health care has yet to translate into optimal health. Implementing evidence-based strategies that increase resident's ability to obtain his or her potential by eliminating the divide between those who are socially positioned and those who are not would change the trajectory of population health in the District of Columbia.

The BRFSS is one of many tools that should be used to monitor resident's health and identify areas within the city where adequate and sufficient use of resources would be better served. This effort will make a vast difference in communities with poor social determinants of health such as housing, low income, unsafe neighborhoods, or sub-standard education. As the department embraces and obligates its efforts towards a Health in All Policies (HiAP) approach; data centric, evidence-based practices and synergy among agencies and community partners to create social and economic policies that affect the way residents live will decrease premature illness and death.

This report includes the District of Columbia leading causes of death and Healthy People 2020 measures where applicable. Results from the 2015 core BRFSS, which includes chronic diseases, risk behaviors and preventive practices are gathered from the survey and aimed at reinforcing the urgency of practicing healthy behaviors.

Department of Health Five (5) Strategic Priorities



Source: Government of the District of Columbia, DC Health

Glossary and Reference Terms

Age-Adjusted Rates - A rate that has been statistically modified to eliminate the effect of varying age distributions in different populations. Age adjustment is a statistical method that is used to allow health measures (like rates of disease, death, or injuries) to be compared between communities with different age structures.

American Indian or Alaskan Native – Federal Definition: A Person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment

Asian - Federal Definition: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. www.census.gov

Behavioral Risk Factor Surveillance System (BRFSS) – A national survey of behavioral risk factors conducted by states with CDC support – www.cdc.gov/brfss

Black or African American – Federal Definition – A person having origins in any of the black racial groups of Africa www.census.gov

BMI - Body Mass Index, used to define overweight and obesity – Weight (in pounds) divided by the square of height (in inches) times 704.5 <https://dhhr.wv.gov/hpcd/FocusAreas/WVHealthyLifestyles/Pages/Glossary-of-Terms.aspx>

Underweight – Less than 18.5

Normal 18.5-24.9

Overweight – 25.0 to 29.9

Obese 30.0 or greater

CATI – Computer-assisted telephone interviewing (manage the sample for each interviewer and collect the respondents' data from the interviewer's direct entry into electronic files)

95% Confidence Interval: A range that is calculated based on the standard error of a measurement and conveys how precise a measurement is. 95% confidence interval means that the likelihood of the true mean falling within the interval is 95%. www.cdc.gov

CDC - Centers for Disease Control and Prevention – www.cdc.gov

DC – District of Columbia

DC Health – Also known as District of Columbia Department of Health – www.dchealth.dc.gov

Ethnicity – The classification of a population that shares common characteristics, such as religion, traditions, culture, language and tribal or national origin www.census.gov

GIS – Geographic Information Systems

Health – A dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. (WHO'S New Proposed Definition. 101st Session of the WHO Executive Board, Geneva; January 1998. Resolution EB101.R2)

Healthy People 2020 – Healthy People is a national health promotion and disease prevention initiative that brings together national, state, and local government agencies; nonprofit, voluntary and professional organizations; business; communities; individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. www.healthypeople.gov

Glossary and Reference Terms

Hispanic or Latino – Federal Definition: A person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin regardless of race www.census.gov

Morbidity – Illness or lack of health caused by disease, disability or injury

Mortality – A measure of the incidence of deaths in a population

Mortality rate - The number of deaths attributed to a disease during a specific period of time divided by the size of the population during that period of time. The result is often multiplied by a base number, such as 1,000 or 100,000

Native Hawaiian or Other Pacific Islander - Federal definition: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands www.census.gov

Percentage - A ratio where the value for the numerator is included in the total denominator. Prevalence is a percentage. The prevalence of diabetes is the number of people with diabetes divided by the entire population, with and without diabetes.

Prevalence – The proportion of people in a population who have a particular disease or attribute at the specified point in time or over a specified period of time <https://dhhr.wv.gov/hpcd/FocusAreas/WVHealthyLifestyles/Pages/Glossary-of-Terms.aspx>

Race - Race is a sociological characteristic; generally thought of as a characteristic by which one is identified by others. Often these characteristics are related to skin color and / or facial features. Genetic studies have thoroughly discredited the concept of race as a biological characteristic.

Race/Ethnicity “Other” – related to the BRFSS annual report, “other” includes Alaskan Native, Hawaiian Native, Asian, multiracial, Pacific Islander and American Indian.

Random Sample – A process where members or items are chosen from a group (population) in no order or pattern – www.cdc.gov

Relative Standard Error - The RSE is defined as the standard error of the estimate divided by the estimate itself. Estimates with RSEs from 30% through 50% are considered statistically unreliable and are indicated with an asterisk (*). Estimates with RSEs more than 50% were suppressed, with estimates replaced by (**). www.cdc.gov

Sample – A small group selected to represent a larger population - www.cdc.gov

SAS – Statistical Analysis System – www.sas.com

Significant – In normal English, “significant” means important, while in Statistics “significant” means probably true (not due to chance). research finding may be true without being important. When statisticians say a result is “significant” they mean it is very probably true. They do not (necessarily) mean it is highly important. <https://dhhr.wv.gov/hpcd/FocusAreas/WVHealthyLifestyles/Pages/Glossary-of-Terms.aspx>

IBM SPSS – International Business Machines, Statistical Package for Social Sciences – www.ibm.com

Suppression - Data suppression refers to the various methods or restrictions that are applied to estimates to limit the disclosure of information about individual respondents and to reduce the number of estimates with unacceptable levels of statistical reliability. www.census.gov

Surveillance – The ongoing systematic collection, analysis and interpretation of data (e.g., regarding agent/hazard, risk factor, exposure, health event) essential to the planning, implementation, and evaluation of public health practices, closely integrated with the timely dissemination of these data to those responsible for prevention and control

Glossary and Reference Terms

Surveillance system(s) – A program that conducts public health surveillance and supplies information products on the magnitude and patterns of death, disease or health risks to national and local surveillance efforts, public health professionals and the public.

U.S. Preventive Services Task Force: A 20-member non-Federal panel commissioned by the Public Health Services in 1984 to develop recommendations for clinicians on the appropriate use of preventive interventions, based on a systematic review of evidence of clinical effectiveness. www.cdc.gov

Ward Exclusion – Ward maps are suppressed if the sample size denominator is less than 50 or if the Relative Standard Error (RSE) is greater than 30

White or Caucasian - Federal definition: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. www.census.gov

Survey Methodology

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest health-risk behavior database in the world and provides the only nationwide health-risk data in the country. All 50 U.S. states, the District of Columbia, and three territories independently carry out this ongoing telephone survey, sponsored by the Centers for Disease Control and Prevention (CDC).

Survey Questionnaire

The “core” questionnaire consists of a standard set of questions, designed by the CDC, that are included in the survey for every state. Core modules administered for the 2015 District of Columbia BRFSS were:

- Health Status
- Demographics
- Healthy Days (Quality of Life)
- Health Care Access
- Hypertension Screening
- Cholesterol Screening
- Exercise
- HIV/AIDS
- Chronic Health Condition
- Demographics
- Immunization
- Tobacco Use
- Alcohol Consumption
- Fruits and Vegetables
- Arthritis Burden
- Seatbelt Use

The CDC also designs “optional” modules. These modules consist of standardized questions on various topics and may be selected by any state for inclusion as a part of their questionnaire. However, a selected module must be used in its entirety and asked of all eligible residents. If an optional module is modified in any way, then the questions are treated as “state-added” questions. Optional modules included in the 2015 District of Columbia BRFSS were:

- Pre-diabetes
- Diabetes
- Random Child Selection
- Adult Asthma History
- Child Asthma History
- Cognitive Decline
- Health Care Access
- Social Context

The survey was programmed and administered using the Computer-Assisted Telephone Interviewing (CATI) software designed specifically for telephone survey research.

The survey consisted of 188 questions. Not all questions were administered to all residents; however, some questions were administered only to residents with certain characteristics, determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length in 2015 was 27.9 minutes.

Response Rates

Response rates for the District of Columbia BRFSS are calculated according to formulas developed by the Council of American Survey Research Organizations (CASRO), as specified by the CDC. The response rate measures how successful interviewers are at completing interviews once a respondent has been contacted and selected.

- The response rate for the 2015 land-line survey was 45% and the cell phone cooperation rate was 66.2%.

Data Analyses

Data for the 2015 District of Columbia BRFSS were delivered to the CDC each month. The data were then aggregated and weighted after interviewing was completed for the year. Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household. An additional post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (e.g., gender, age, and race) were equal to the estimated sample proportions in the population, and to make the sum of the weights equal to the population of the District of Columbia. In this report, all data are weighted unless otherwise noted.

Unweighted Number = UW, number of District residents who responded to a particular question. The percentage estimates displayed are weighted and based on the District of Columbia’s adult population.

The Relative Standard Error (RSE) is the standard error expressed as a fraction of the estimate and is usually displayed as a percentage. Estimates with a RSE of 30% or

BRFSS Survey Methodology

greater are subject to high sampling error and have been suppressed from data results.

Race/ethnicity-White/Caucasian, African American/Black and Other all refer to non-Hispanic

Race/ethnic group “Other”= American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, multiracial and other (unspecified)

Respondents who identified as Hispanic/Latino were noted as Hispanic regardless of whether or not additional racial information was provided.

Limitations of the Data

As with any sample survey, factoring in the confidence limit selected, the results of the District of Columbia BRFSS can vary from those that would have been obtained with a census of all adults living in telephone-equipped households. The results of this sample survey could differ from the “true” figures because some households cannot be reached at all and others refused to participate. These non-responding households may differ from residents (those who actually participate in the survey) in terms of attributes relevant to the study.

The sample-design used in the District of Columbia BRFSS results in a 95% confidence interval. In other words, 95

times out of 100, the BRFSS results will vary no more than a given number of percentage points from the figure that would have been obtained if data had been collected for all adults in District of Columbia households with telephones.

Small Numbers

Small numbers of residents are also an issue when analyzing data. A difference in the responses of only a few individuals can result in a large difference in percentage of the total for that group. Small numbers of residents in a group generally occur in one of two ways. First, very few residents in the total sample have a particular characteristic under analysis. Second, the survey logic limits the number of residents receiving a particular question, thereby reducing the number of residents in each analytical unit from that item. Where counts are less than 50 residents per subgroup, caution should be used in drawing conclusions from the data.

The survey population excludes adults:

- Who do not reside in the District
- In penal, mental, or other institutions
- Contacted at a second home during a stay of less than 30 days
- Who do not speak English well enough to be interviewed (language proficiency)
- Living in households without a land-line or cellular phone

District of Columbia Population

According to the 2011-2015 Census population estimates, there were 647,484 people living in the District of Columbia (DC). Of this population, 40.2% were White/Caucasian, 48.9% were Black/African American, 3.7% were Asian, and 10.2% were Hispanic. Of those residents in DC who were 25 or older, 54.6% have earned a bachelor's degree or higher (2011-2015). The median household income was \$70,848 and 18% of persons lived at or below the poverty level (2011-2015).¹

Table 1. District of Columbia Population, Race and Income by Ward 2009-2013 US Census¹

Ward	Population	Median Income	Caucasian/ White	African American/ Black	Asian	Hispanic*	Native Hawaiian and other Pacific Islander	American Indian and Alas- ka Native	Some Other Race	Two or More Races
Ward 1	82,859	\$82,159	54.3%	30.3%	4.2%	20.6%	0.1%	0.3%	7.6%	3.1%
Ward 2	77,645	\$100,388	74.2%	8.8%	9.8%	10.5%	0.0%	0.3%	3.2%	3.7%
Ward 3	83,152	\$112,873	80.4%	6.9%	6.2%	9.9%	0.0%	0.2%	2.2%	4.0%
Ward 4	83,066	\$74,600	26.4%	56.4%	2.1%	19.9%	0.0%	0.6%	11.6%	2.8%
Ward 5	82,049	\$57,554	20.3%	70.4%	2.0%	8.5%	0.0%	0.4%	4.6%	2.3%
Ward 6	84,290	\$94,343	55.4%	35.5%	4.2%	6.3%	0.0%	0.3%	1.5%	3.0%
Ward 7	73,290	\$39,165	2.3%	94.2%	0.3%	3.1%	0.0%	0.3%	1.7%	1.2%
Ward 8	81,133	\$30,910	4.8%	92.8%	0.4%	1.6%	0.0%	0.4%	0.9%	1.1%

Note: *Hispanics can be of any race.

Prepared by the Office of Planning State Data Centers: 2011-2015 American Community Survey (ACS), Key Demographic Indicators

Mortality

In 2015, there were 4,870 deaths to residents of the District of Columbia. Heart disease and cancer were the top two leading causes of death (Table 2). Figures 1-8, show the top 10 leading causes of death by ward.

Mortality data are derived from death certificates, which contain demographic information such as the decedent's sex, race and the timing and cause of the death.² The importance of mortality data provides a snapshot of one of three components of population change, the other two being fertility and migration. When used in conjunction with hospital discharge and risk behavior data, mortality data can be used as a proxy for measures of morbidity, which more accurately reflect the health status of a population.

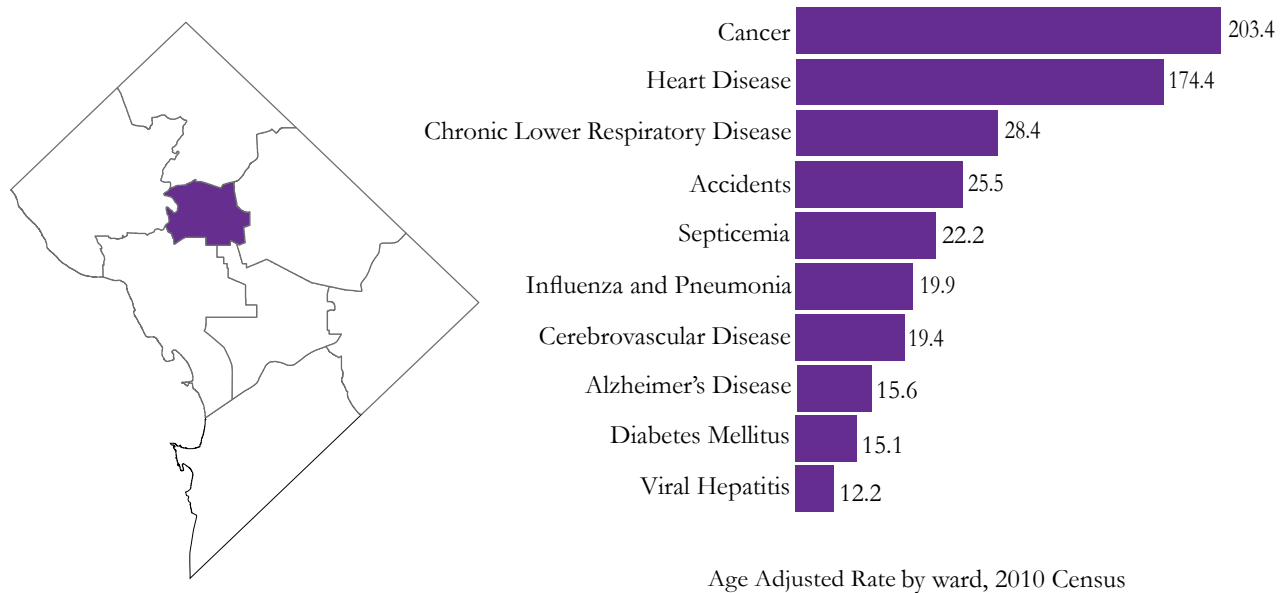
Table 2. Leading Causes of Death in The District of Columbia, 2015

Age-Adjusted Rate Per 100,000 Population		
DC Rank	Cause of Death	Age Adjusted
1	Heart Disease	186.4
2	Malignant Neoplasms (Cancer)	166.5
3	Accidents (includes falls and overdoses)	39.4
4	Cerebrovascular Disease (Stroke)	37.9
5	Diabetes	25.6
6	Chronic Lower Respiratory Disease	23.1
7	Alzheimer's Disease	19.2
8	Homicide/Assault	17.5
9	Influenza and Pneumonia	16.2
10	Septicemia	13.4

District of Columbia Department of Health, Center for Policy, Planning, and Evaluation, Data Management and Analysis Division

Ward 1

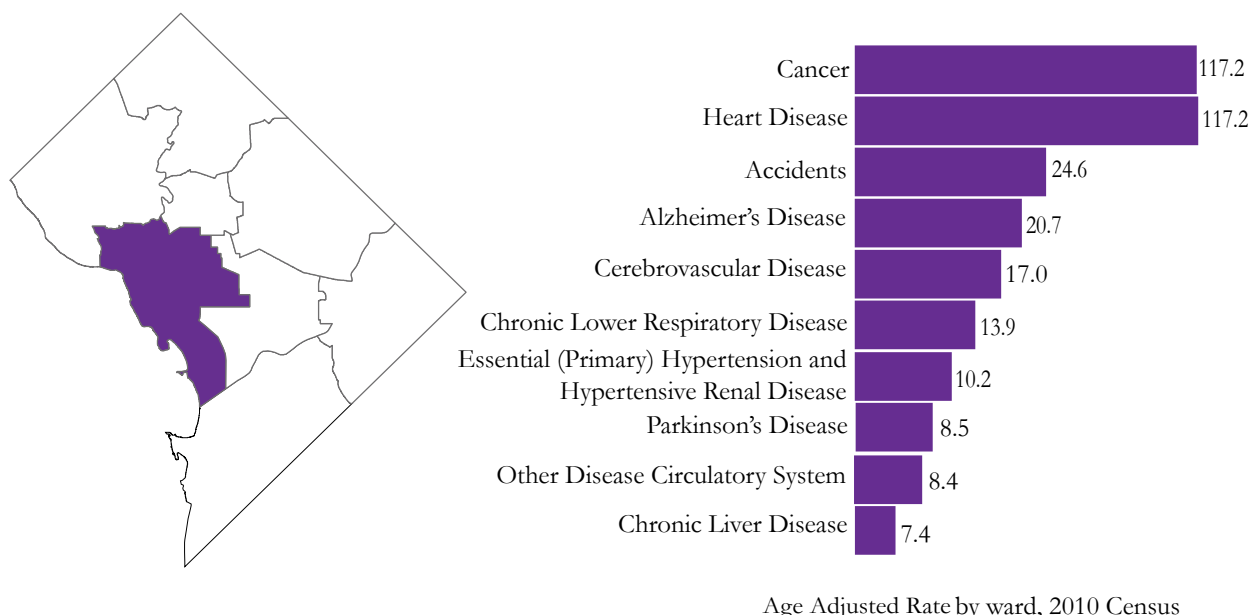
Figure 1. Top Ten (10) Leading Causes of Death in Ward 1



Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 2

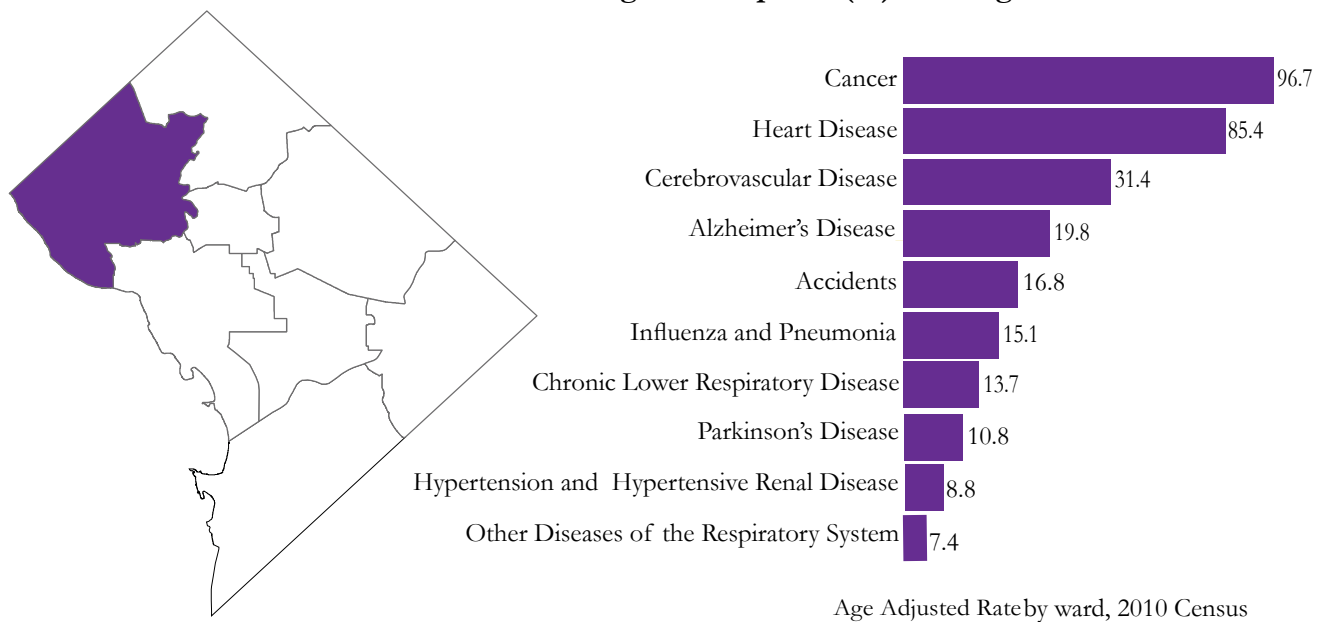
Figure 2. Top Ten (10) Leading Causes of Death in Ward 2



Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 3

Figure 3. Top Ten (10) Leading Causes of Death in Ward 3



Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 4

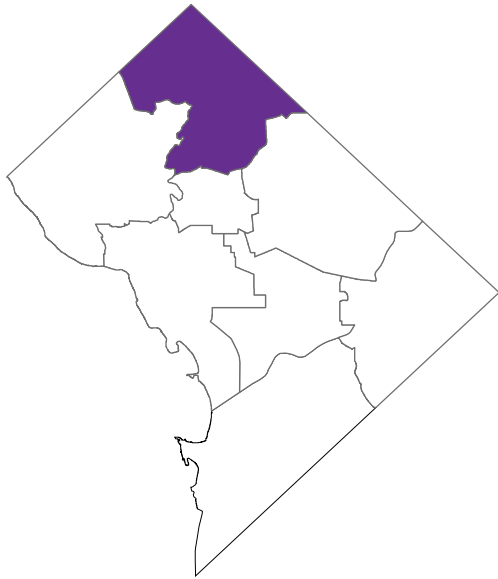
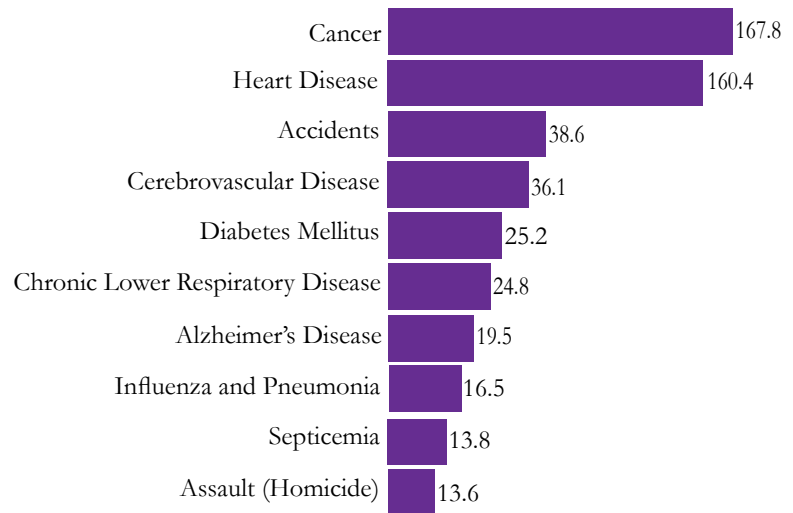


Figure 4. Top Ten (10) Leading Causes of Death in Ward 4



Age Adjusted Rate by ward, 2010 Census

Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 5

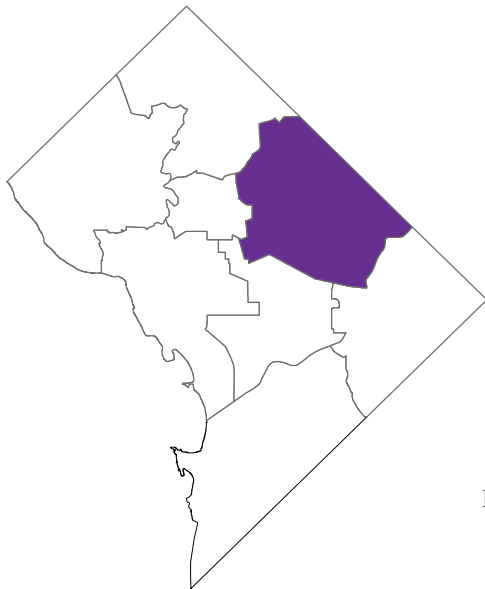
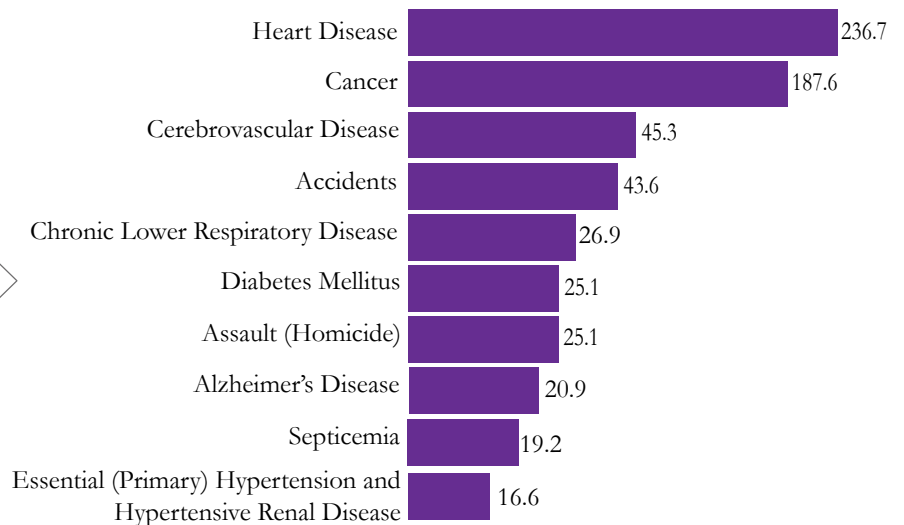


Figure 5. Top Ten (10) Leading Causes of Death in Ward 5



Age Adjusted Rate by ward, 2010 Census

Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 6

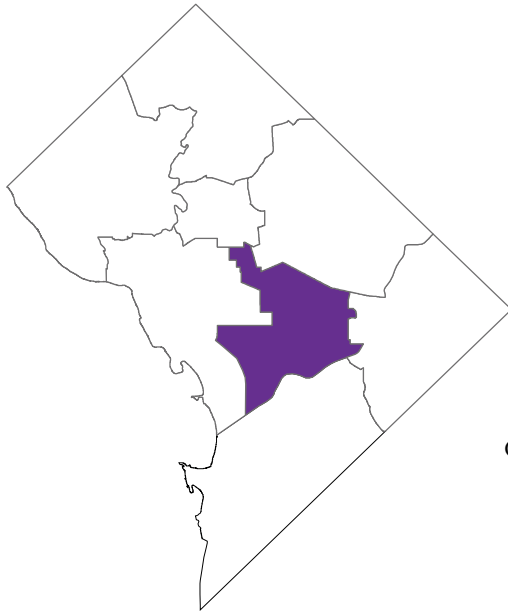
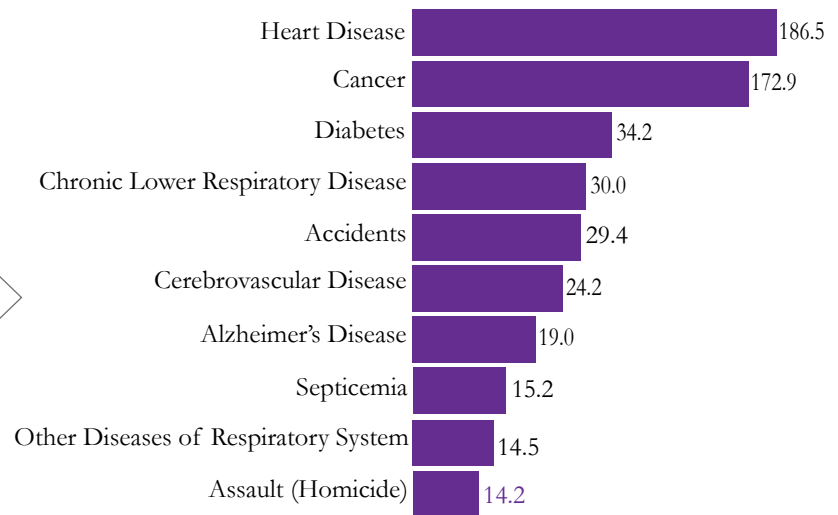


Figure 6. Top Ten (10) Leading Causes of Death in Ward 6



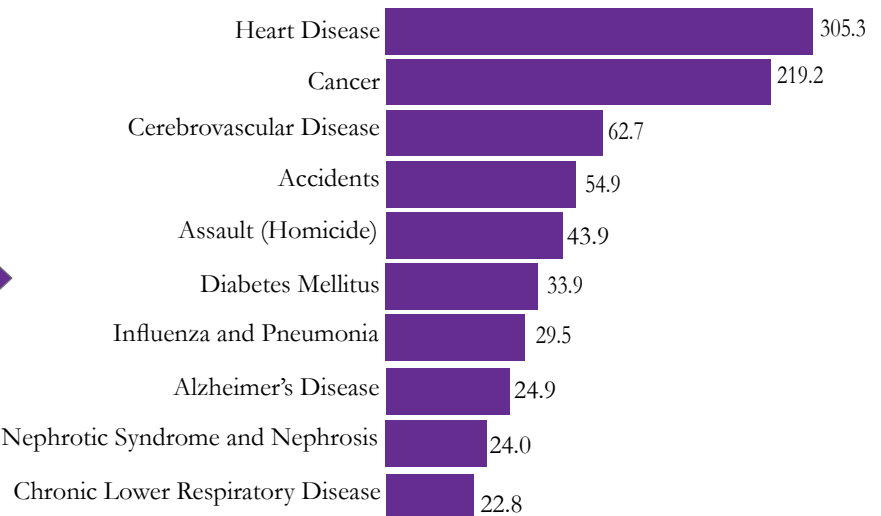
Age Adjusted Rate by ward, 2010 Census

Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 7



Figure 7. Top Ten (10) Leading Causes of Death in Ward 7



Age Adjusted Rate by ward, 2010 Census

Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

Ward 8

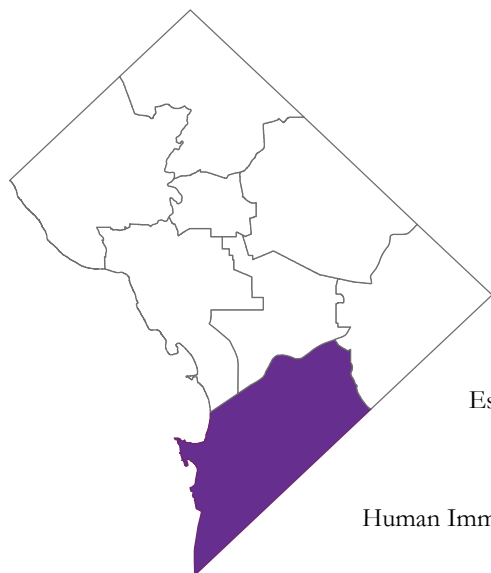
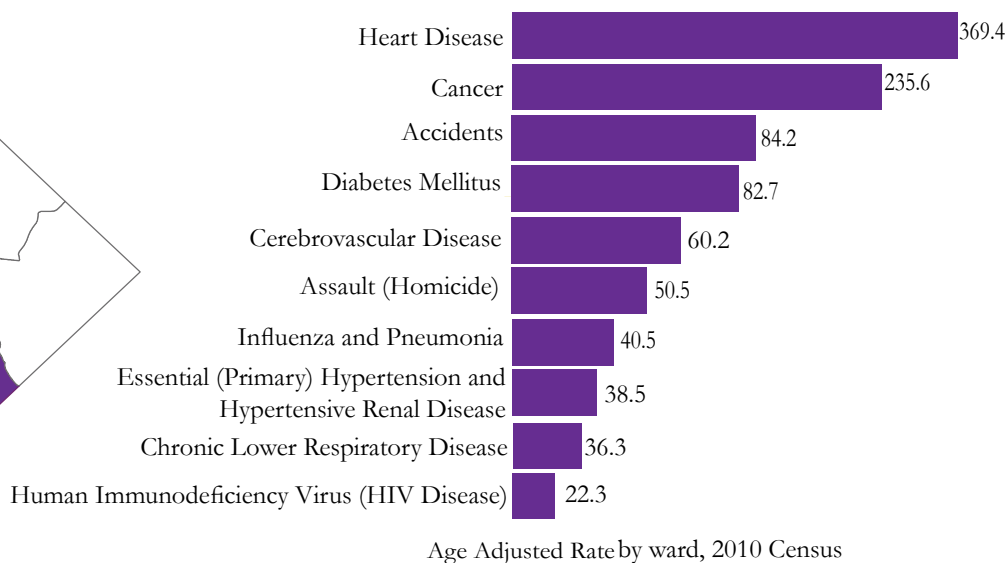


Figure 8. Top Ten (10) Leading Causes of Death in Ward 8



Source: DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division, 2015

DC Healthy People 2020

The Healthy People 2020 (HP 2020) provides the District of Columbia and the nation with a set of goals to address the rate reduction of health disparities and disease. The Healthy People 2020 can be utilized to develop prevention and intervention strategies designed to decrease chronic disease, injury and disability among vulnerable populations. The BRFSS serves as one of the many tools used to measure and monitor progress of those health objectives. As District residents continue to suffer chronic illness, disabilities and premature death from major health problems, it is imperative that BRFSS data are used to track progress towards achieving the Healthy People goals and objectives.

Healthy People has established benchmarks and monitors progress over time in order to:³

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Over the course of the decade, four (4) foundation health measures will be used to monitor progress toward promoting health, preventing disease and disability, eliminating disparities, and improving quality of life. These broad, cross-cutting measures include:³






- General Health Status
- Health-Related Quality of Life and Well-Being
- Determinants of Health
- Disparities

Where applicable the District of Columbia BRFSS relevant question(s) and data are used to capture Healthy People 2020 goal attainment for the following areas.

- Access to Health Services
- Asthma
- Cancer
- Diabetes
- Heart Disease and Stroke
- Immunization and Infectious Diseases
- Nutrition, Weight State and Physical Activity
- Older Adults
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Tobacco Use

This report includes the DC HP2020 objectives that use BRFSS, relevant survey questions to depict progress over time for each objective. Appendix 1 contains tables with more detailed information about each DC HP2020 objective(s) that use BRFSS data.

Progress Key










Target Met	Towards	Away	No Change	No Data
				








Baseline is highlighted in purple



DC Healthy People 2020 Update

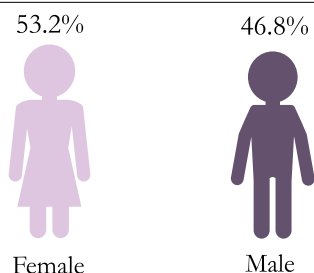
Objective	Metric BRFSS Related Questions	2011	2012	2013	2014	2015	DC HP 2020 Target	Progress
Access to Health Services								
AHS-1 Reduce the percentage of residents without a usual place of care	“When you are sick or need advice about your health, to which one of the following places do you usually go?” No place or ER	N/A	N/A	N/A	14.9%	14.5%	13.4%	
AHS-2 Increase the percentage of residents who receive preventive care	“About how long has it been since you last visited a doctor for a routine checkup?” (1 year)	74.6%	74.1%	73%	74%	76.2%	80.3%	
Asthma								
A-4 Reduce asthma prevalence	Current Asthma- “Has a doctor, nurse, or other healthcare professional ever told you that you had asthma and do you still have asthma?”	10.1%	10.3%	11.9%	11.5%	10.6%	10.1%	
A-4.1 Reduce asthma prevalence in adults age 65 and older	Current Asthma- “Has a doctor, nurse, or other healthcare professional ever told you that you had asthma and do you still have asthma?”	9.1%	7.4%	9.2%	7.2%	10.1%	6.5%	
Cancer								
C-7 Increase the proportion of adults who receive a colorectal cancer screening based on most recent guidelines	CDC approved method of calculating	N/A	N/A	N/A	67.9%	N/A	74.7%	
Diabetes								
D-2 Reduce the number or new cases of diagnosed diabetes in the population	“Has a doctor, nurse or other health professional ever told you that you have diabetes?”	9.1%	8.2%	7.8%	8.4%	8.5%		Monitoring
D-3.1 Increase the proportion of persons with diagnosed diabetes who have at least an annual eye exam	“When was the last time you had an eye exam in which the pupils were dilated?”	81.9%	79.1%	74.4%	72.9%	74.8%	87.0%	
D-3.2 Increase the proportion of persons with diagnosed diabetes who have at least an annual foot exam	“About how many times in the past 12 months has a health professional checked your feet for irritations?”	76.9%	71.9%	79.5%	70.6%	80.9%	84.6%	

Objective	Metric BRFSS Related Questions	2011	2012	2013	2014	2015	DC HP 2020 Target	Progress
Heart Disease and Stroke								
HDS-4 Reduce the proportion of adults with hypertension	“Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?”	30%	N/A	28.4%	N/A	29.4%	26.9%	
Immunization and Infectious Disease								
IID-2.3 Increase annual influenza vaccination rate	“During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?” (1 year)	37.7%	36.9%	38.5%	41.3%	40.5%	47.9%	
Maternal, Infant and Child Health								
MICH-5.2 Increase well-woman visits	“About how long has it been since you last visited a doctor for a routine checkup?”	N/A	N/A	N/A	76.9%	N/A	87.2%	
Nutrition, Weight Status and Physical Activity								
NWP-1.1 Increase fruit consumption	“How many times did you eat fruit?” (once or more per day)	N/A	N/A	65.2%	N/A	63%	71.2%	
NWP-1.2 Increase vegetable consumption	“How many times did you eat vegetables?” (once or more per day)	N/A	N/A	79.1%	N/A	81%	83.8%	
NWP-5.2 Reduce the proportion of adults who are obese	“About how tall are you and how much do you weigh?”	23.8%	21.9%	22.9%	21.7%	22.1%	19.7%	
NWP-7.2 Increase physical activity levels in youth 18-24	“During the past month, other than your regular job, did you participate in any physical activities such as running, calisthenics, golf, gardening or walking for exercise?”	91.4%	86.7%	79.1%	75.8%	76.2%	87.0%	
NWP-7.3 Increase physical activity levels in adults - 18 years and older	“During the past month, other than your regular job, did you participate in any physical activities such as running, calisthenics, golf, gardening or walking for exercise?”	N/A	76.4%	82.6%	79.2%	80.6%	88.6%	
Older Adults								
OA-1 Improve overall health of older adults (50+)	“Would you say that in general your health is (good, very good or excellent)?”	N/A	73.6%	80%	77.6%	78.5%	90%	

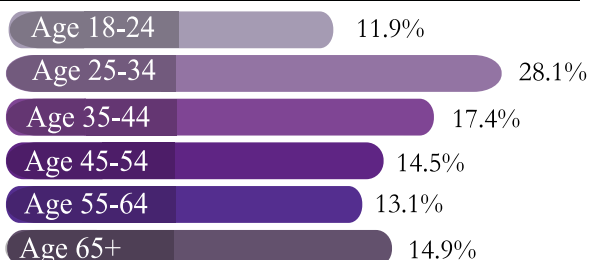
Objective	Metric BRFSS Related Questions	2011	2012	2013	2014	2015	DC HP 2020 Target	Progress
OA-2 Increase the number of seniors who participate in regular physical activity (50+)	“During the past month, other than your regular job, did you participate in any physical activities such as running calisthenics, golf, gardening or walking for exercise?”	72.4%	74.5%	76.2%	72.7%	76.1%	89.6%	
Sleep Health								
SH-2 Increase the proportion of adults who get sufficient sleep	“On average, how many hours of sleep do you get in a 24-hours period?” (7-8 hours) (asked on even years starting in 2014)	N/A	N/A	56.5%	59.5%	N/A	70.8%	
Social Determinants of Health								
SDH-6 Decrease economic food insecurity	“How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?” (usually or sometimes)	N/A	N/A	N/A	N/A	N/A	11.6%	
Substance Abuse								
SA-8 Reduce the proportion of persons engaging in binge drinking during the past 30 days - adults aged 18 years and older	“How many times during the past 30 days did you have 4 [for women] or 5 [for men] or more drinks on one occasion?”	25.0%	23.1%	22.4%	24.9%	27.2%	20.8%	
Tobacco Use								
TU-1 Reduce cigarette smoking by adults	Current Smoker - “Do you now smoke cigarettes every day, some days or not at all?” and “Have you smoked at least 100 cigarettes in your entire life?”	20.8%	19.6%	18.8%	16.4%	16%	11.7%	
TU-1.1 Reduce the proportion of Black/ African American adult smokers	Current Smoker - “Do you now smoke cigarettes every day, some days or not at all?” and “Have you smoked at least 100 cigarettes in your entire life?”	30.8%	29.1%	28.4%	26%	24.6%	19.8%	
TU-1.2 Reduce the proportion of Hispanic adult smokers	Current Smoker - “Do you now smoke cigarettes every day, some days or not at all?” and “Have you smoked at least 100 cigarettes in your entire life?”	15.2%	21.7%	14.2%	N/A	N/A	10.7%	

DC BRFSS Survey Population

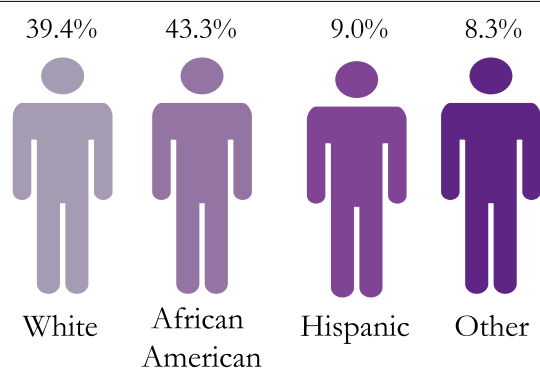
DC BRFSS survey population by gender



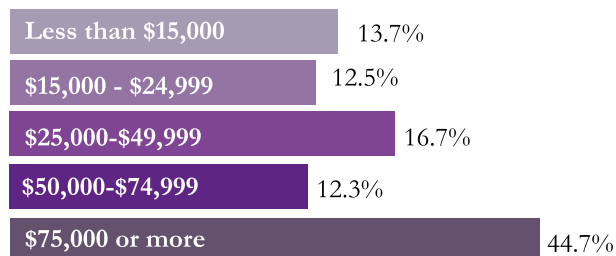
DC BRFSS survey population by age



DC BRFSS survey population by race/ethnicity



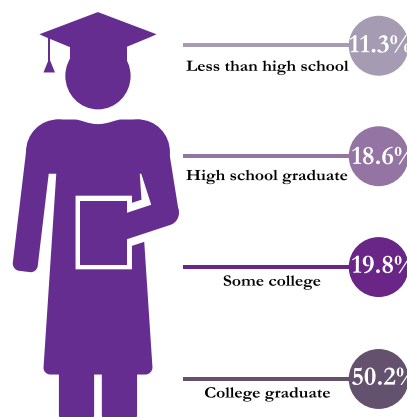
DC BRFSS survey population by income



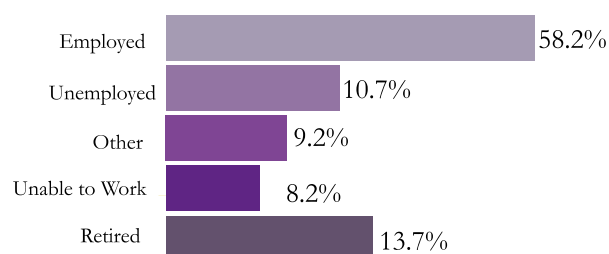
DC BRFSS survey population by housing status



DC BRFSS survey population by education

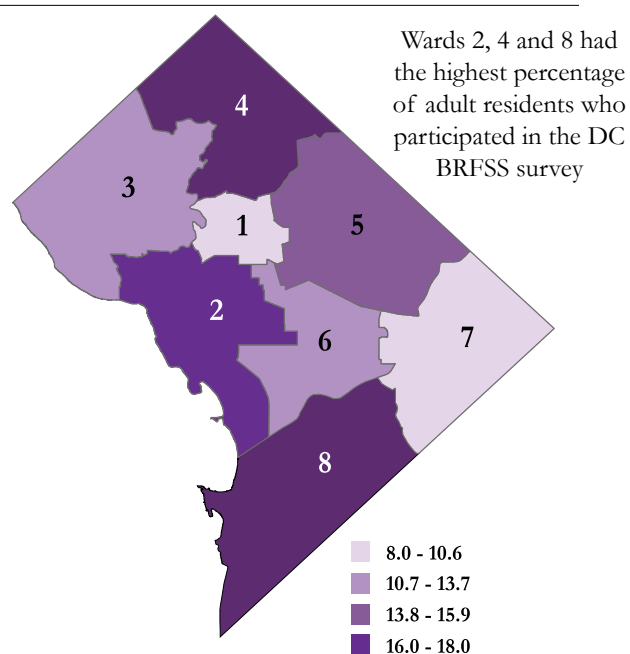


DC BRFSS survey population by employment



Other= Student and Homemaker

DC BRFSS survey population by ward





Obesity

Health Status Indicators



Confusion and Memory Loss

Disability (Activity Limitation)

Disability (Special Equipment)

General Health Status

Health Care Coverage

Obesity

Overweight

Pre-diabetes

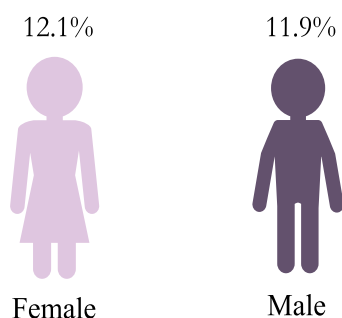
Confusion or Memory Loss

12%

Experienced Confusion or Memory Loss that is Happening more often or Getting Worse Aged 45 Years and Older

Brain health or cognitive health, refers to skills such as remembering, learning new things, planning, concentrating or making decisions. When cognitive health is impaired (referred to as cognitive impairment) an individual has trouble with these skills that affect the activities of everyday life.⁴ Individuals of all ages can experience cognitive impairment, which can range from mild to severe. An individual person with mild cognitive impairment may be aware of increased difficulty to remember, but it may not be obvious to others.⁴

District adults who experienced confusion or memory loss by gender, DC BRFSS 2015

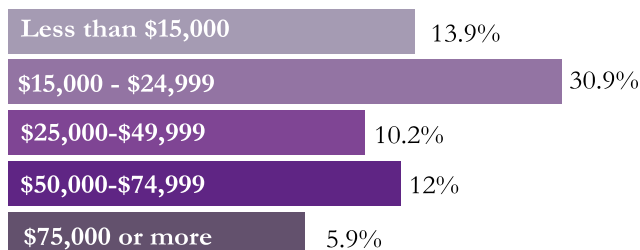


District adults who experienced confusion or memory loss by race/ethnicity, DC BRFSS 2015

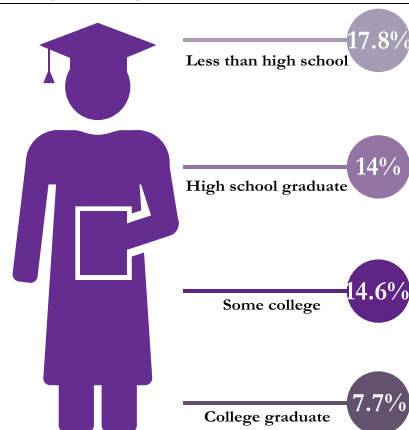


Hispanic and race/ethnicity group "Other" suppressed, RSE >30%

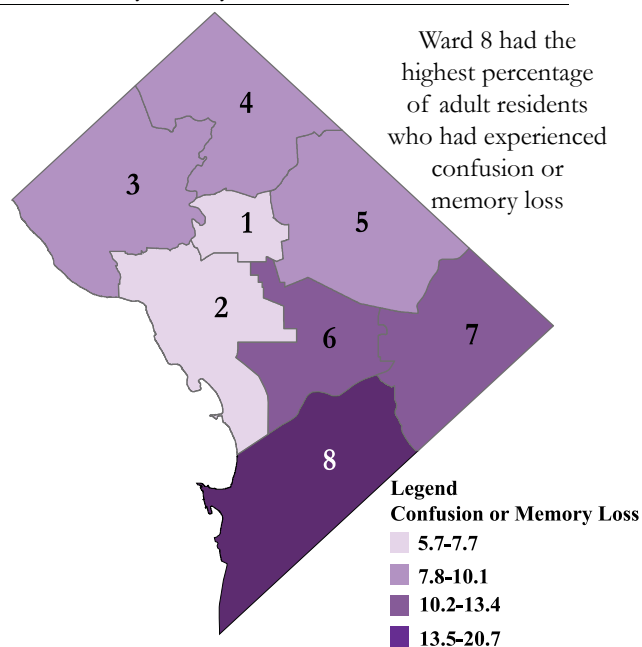
District adults who experienced confusion or memory loss by income, DC BRFSS 2015



District adults who experienced confusion or memory loss by education, DC BRFSS 2015



District adults who experienced confusion or memory loss by ward, DC BRFSS 2015



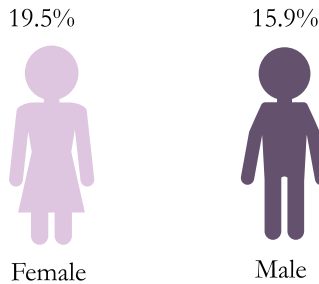
Disability - Activity Limitation

17.8%

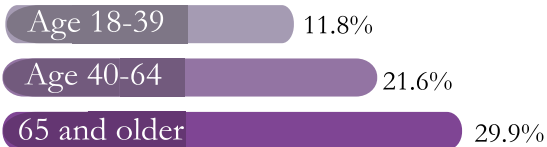
District Adults who were
Activities Limited
Due to a Health Problem
Aged 18 Years and Older

According to the Americans with Disabilities Act (ADA), disability is defined as individuals who are physically or mentally impaired and limited in one or more major life activities.⁵

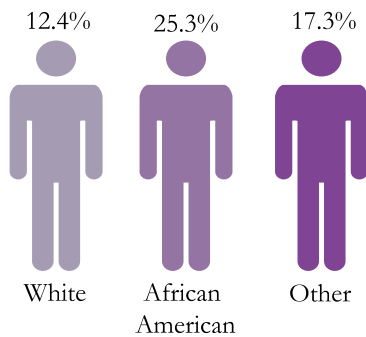
District adults who were limited in their activities due to a health problem by gender, DC BRFSS 2015



District adults who were limited in their activities due to a health problem by age, DC BRFSS 2015

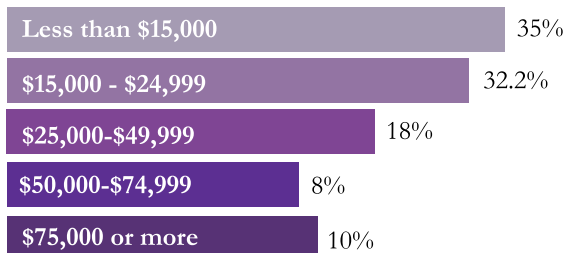


District adults who were limited in their activities due to a health problem by race/ethnicity, DC BRFSS 2015

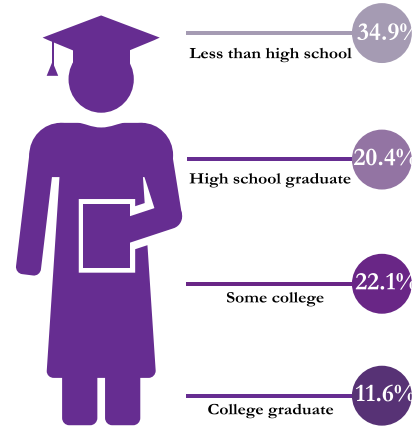


Hispanic suppressed, RSE >30%

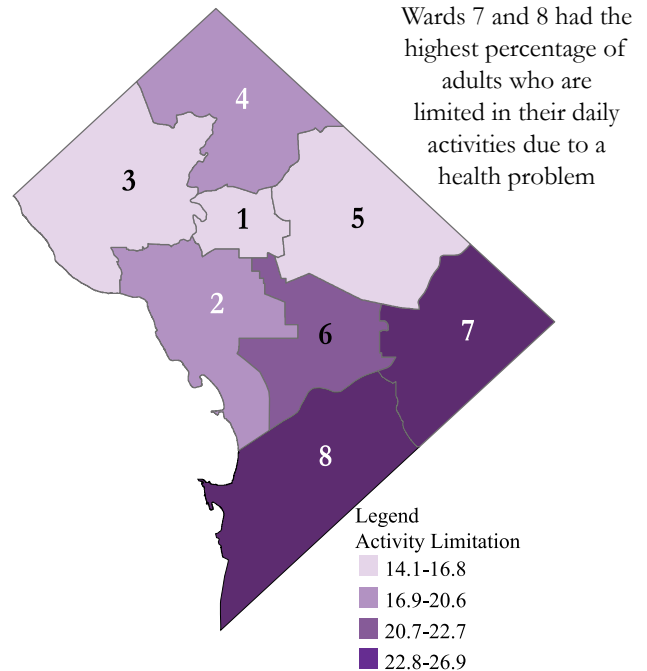
District adults who were limited in their activities due to a health problem by income, DC BRFSS 2015



District adults who were limited in their activities due to a health problem by education, DC BRFSS 2015



District adults who were limited in their activities due to a health problem by ward, DC BRFSS 2015



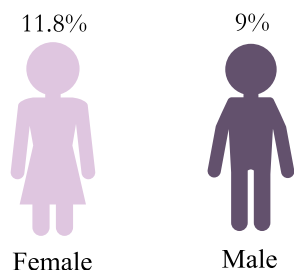
Disability - Special Equipment

10.5%

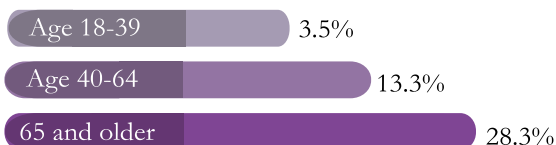
District Adults who had
Health Problems
Requiring Special Equipment
Aged 18 Years and Older

Individuals who require the use of special equipment such as a cane or wheelchair due to health problems may need accommodations in their home, workplace or healthcare facility. Individuals who require special equipment are also limited in participating in normal daily activities such as working, engaging in social and recreational activities.⁶

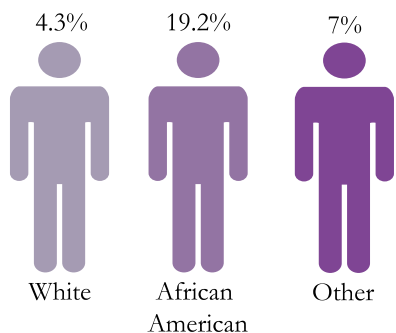
District adults who required the use of special equipment due to a health problem by gender, DC BRFSS 2015



District adults who required the use of special equipment due to a health problem by age, DC BRFSS 2015

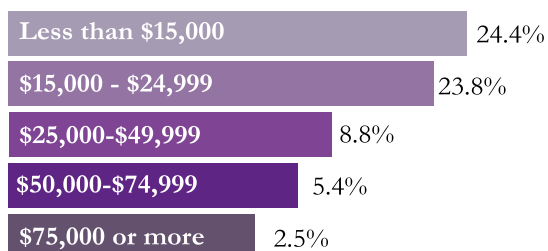


District adults who required the use of special equipment due to a health problem by race/ethnicity, DC BRFSS 2015

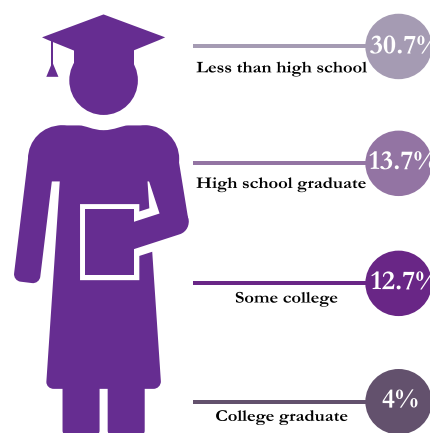


Hispanic suppressed, RSE >30%

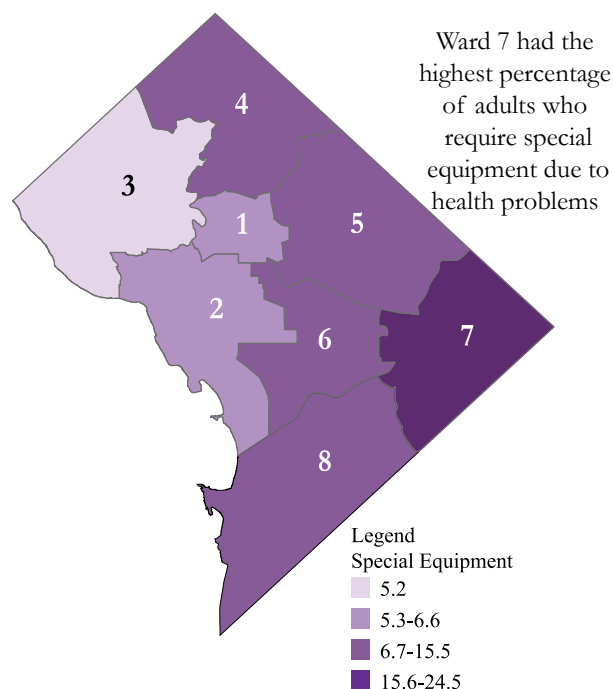
District adults who required the use of special equipment due to a health problem by income, DC BRFSS 2015



District adults who required the use of special equipment due to a health problem by education, DC BRFSS 2015



District adults who required the use of special equipment due to a health problem by ward, DC BRFSS 2015



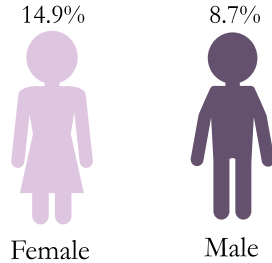
General Health Status

12%

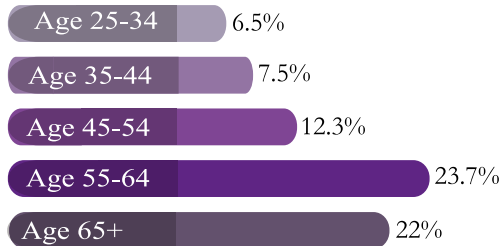
Self Reported
Fair or Poor Health
Aged 18 Years and Older

Self-assessed health status is a measure of how an individual perceives their health and serves as a useful indicator in terms of absence or presence of physical pain, physical disability or conditions that are likely to cause death, emotional well-being and satisfactory social functioning. Responses to self-rated health status include excellent, very good, good, fair or poor.⁷

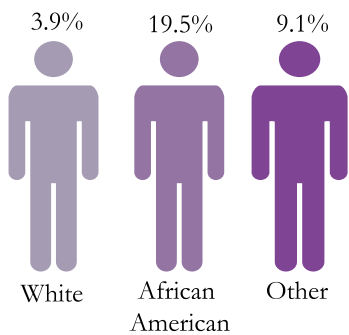
District adults who self-reported their health as fair or poor by gender, DC BRFSS 2015



District adults who self-reported their health as fair or poor by age, DC BRFSS 2015

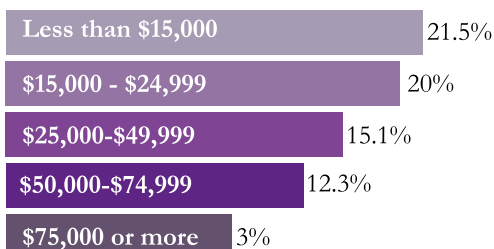


District adults who self-reported their health as fair or poor by race/ethnicity, DC BRFSS 2015

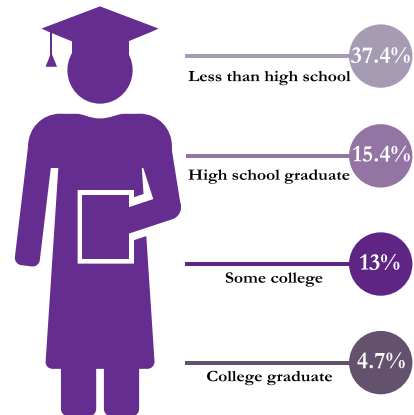


Hispanic suppressed, RSE >30%

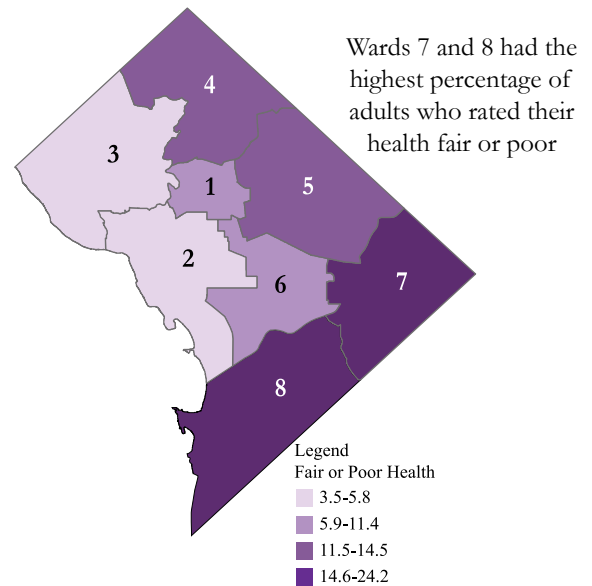
District adults who self-reported their health as fair or poor by income, DC BRFSS 2015



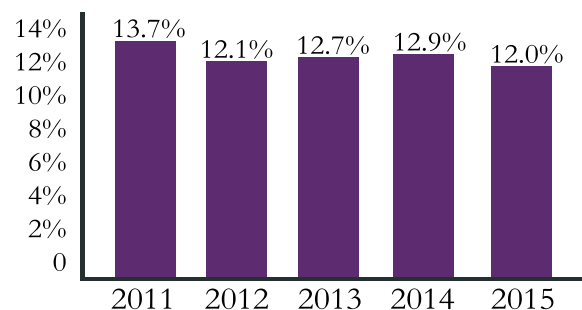
District adults who self-reported their health as fair or poor by education, DC BRFSS 2015



District adults who self-reported their health as fair or poor by ward, DC BRFSS 2015



Self Reported Fair or Poor Health, 2011-2015



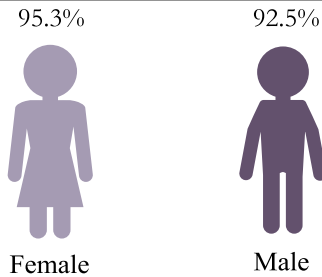
Health Care Coverage

94%

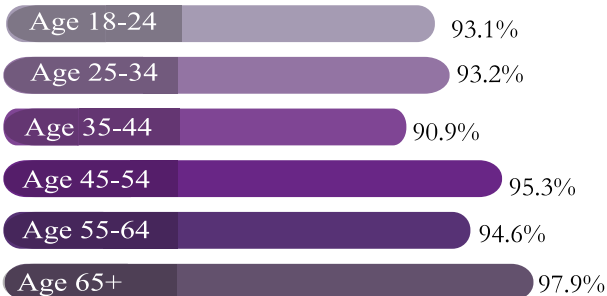
District Adults
that have Health Coverage
Aged 18 Years and Older

Individuals who do not have health care coverage do not receive annual checkups or critical health screenings in a timely manner that would detect many chronic diseases such as heart disease, diabetes and cancer.⁸ Health insurance is essential to treating a health condition or injury do to an accident or as a part of maintaining their health.⁹

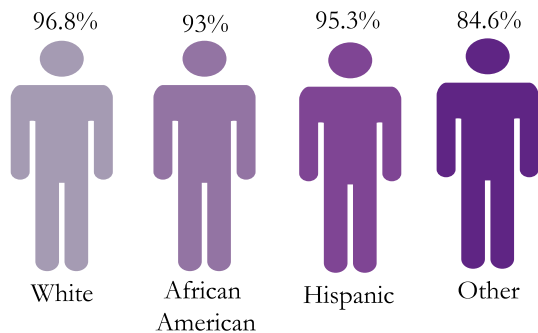
District adults who health care coverage by gender,
DC BRFSS 2015



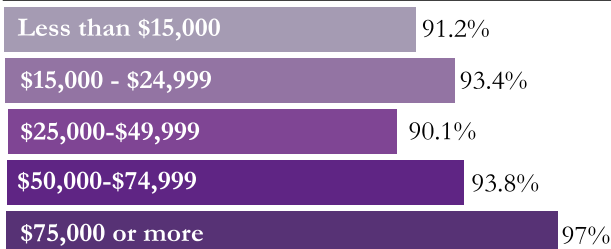
District adults who health care coverage by age DC
BRFSS 2015



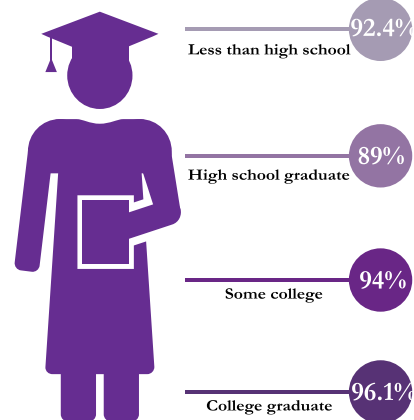
District adults who health care coverage by
race/ethnicity, DC BRFSS 2015



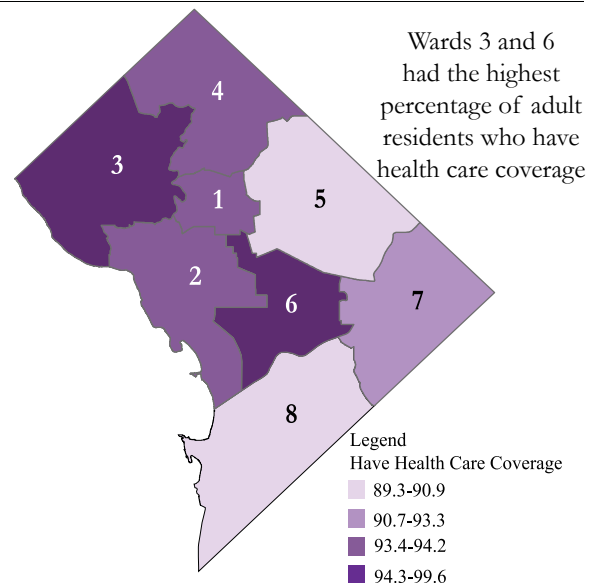
District adults who health care coverage by income,
DC BRFSS 2015



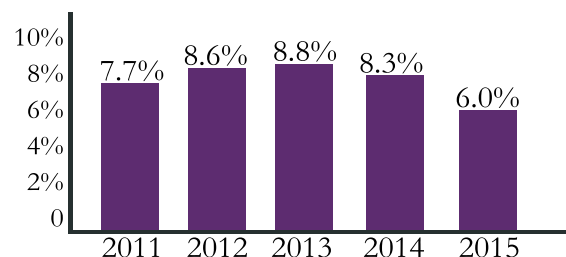
District adults who health care coverage by
education, DC BRFSS 2015



District adults who health care coverage by ward,
DC BRFSS 2015



No Health Care Coverage, 2011-2015



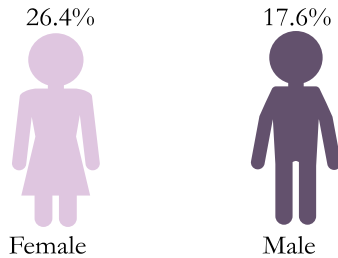
Obesity

22.1%

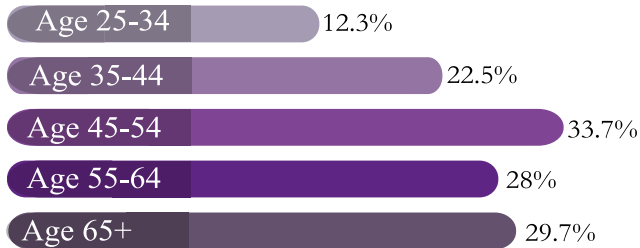
District Adults
who were Obese
Aged 18 Years and Older

More than 72 million U.S. adults have a Body Mass Index (BMI) greater than 25, which indicates that they are obese. Obese adults also have medical costs that are \$1,429 higher than those of normal weight. No State including the District of Columbia has an obesity rate below 15%, the national goal.¹ Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.¹⁰

District adults who were obese by gender,
DC BRFSS 2015

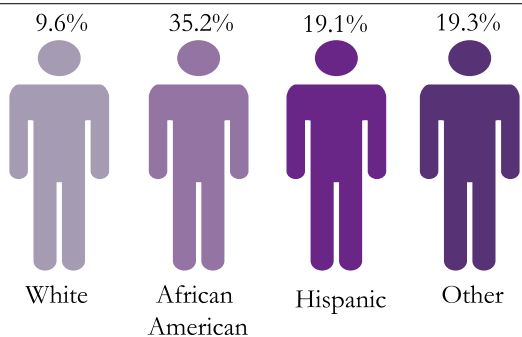


District adults who were obese by age,
DC BRFSS 2015

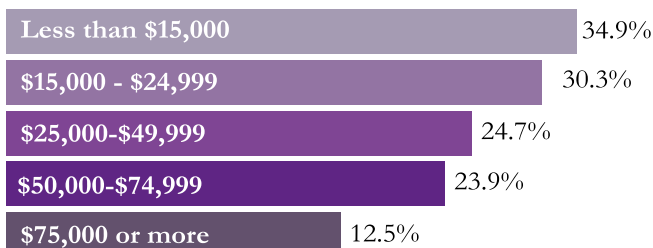


18-24 suppressed, RSE >30

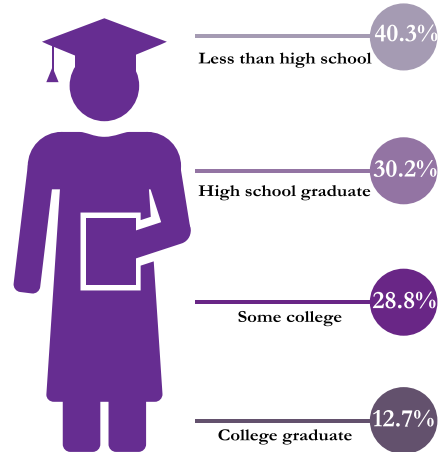
District adults who were obese by race/ethnicity,
DC BRFSS 2015



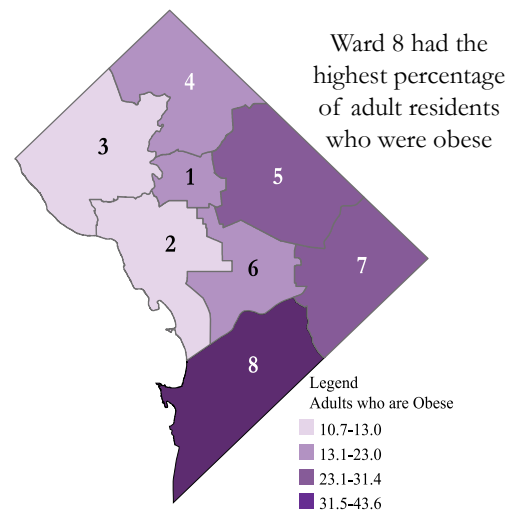
District adults who were obese by income,
DC BRFSS 2015



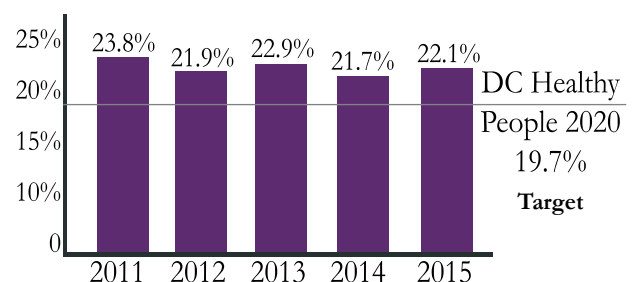
District adults who were obese by education,
DC BRFSS 2015



District adults who were obese by ward,
DC BRFSS 2015



Prevalence of Obesity, 2011- 2015



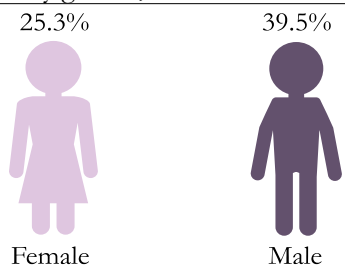
Overweight

32.2%

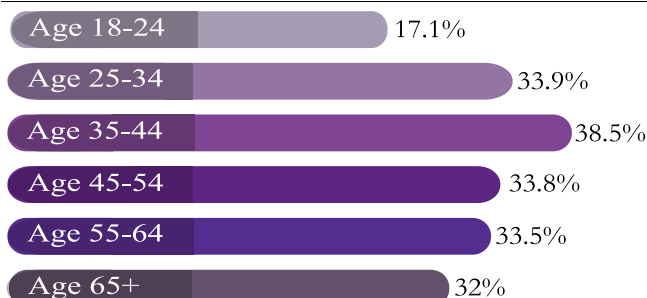
District Adults who
were Overweight
Aged 18 Years and Older

Weight that is higher than what is considered as a healthy weight (BMI 18.5 <25) for a given height is described as overweight or obese. Body Mass Index, or BMI, is used as a screening tool for overweight or obesity. An individual who is overweight will have a BMI that falls within the 25.0 to <30 range.¹¹

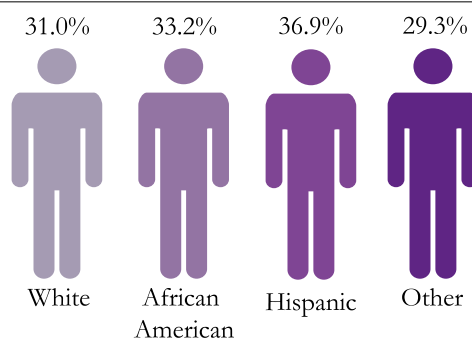
District adults who were categorized as overweight
by gender, DC BRFSS 2015



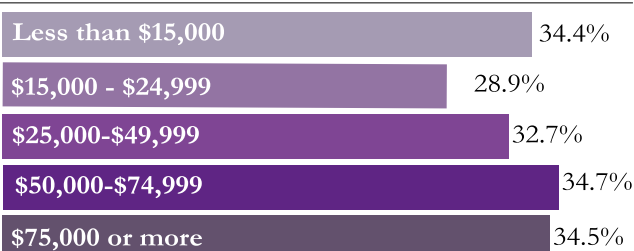
District adults who were categorized as overweight
by age, DC BRFSS 2015



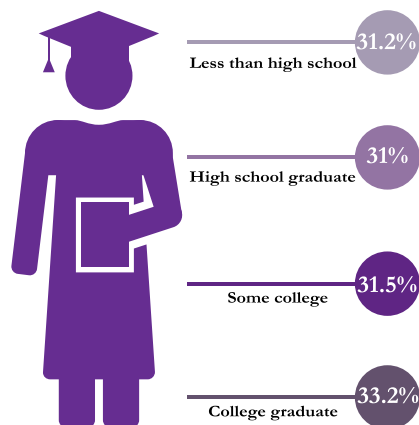
District adults who were categorized as overweight
by race/ethnicity, DC BRFSS 2015



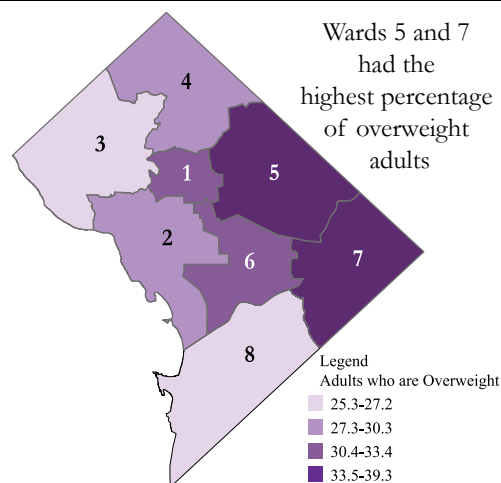
District adults who were categorized as overweight
by income, DC BRFSS 2015



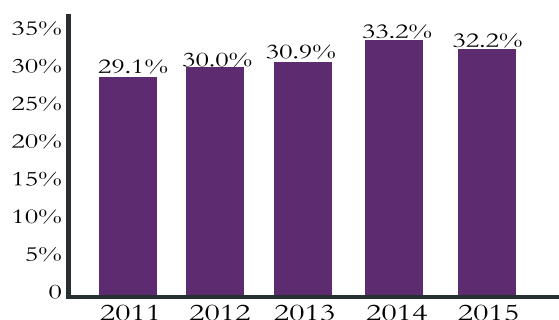
District adults who were categorized as overweight
by education, DC BRFSS 2015



District adults who were categorized as overweight
by ward, DC BRFSS 2015



Prevalence of Overweight, 2011-2015



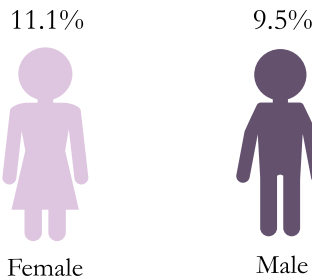
Pre-Diabetes

10.4%

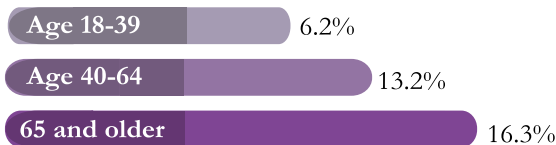
District Adults Diagnosed
with Pre-Diabetes
Aged 18 Years and Older

An individual diagnosed with pre-diabetes has a blood sugar level higher than normal, but not high enough to be diagnosis with diabetes¹³ but defined by having impaired fasting glucose or impaired glucose tolerance or both.¹² An individual who has pre-diabetes is at a higher risk for developing type 2 diabetes and other serious health problems, including heart disease, and stroke.¹ Scientific evidence suggests that individuals who have been diagnosed with pre-diabetes can delay or reverse the progression of type 2 diabetes.¹³

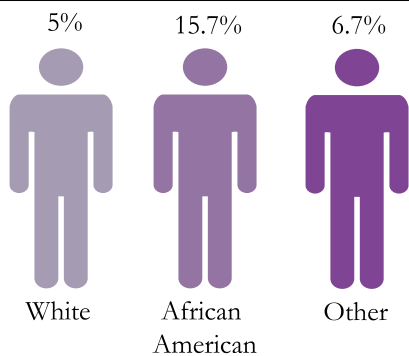
District adults diagnosed with pre-diabetes
by gender, DC BRFSS 2015



District adults diagnosed with pre-diabetes
by age, DC BRFSS 2015

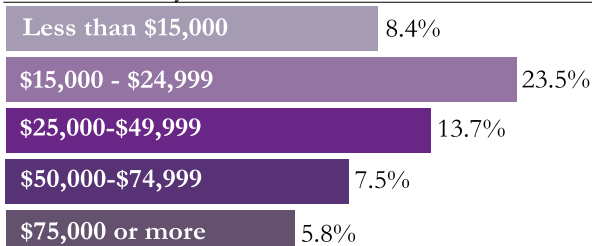


District adults diagnosed with pre-diabetes
by race/ethnicity, DC BRFSS 2015

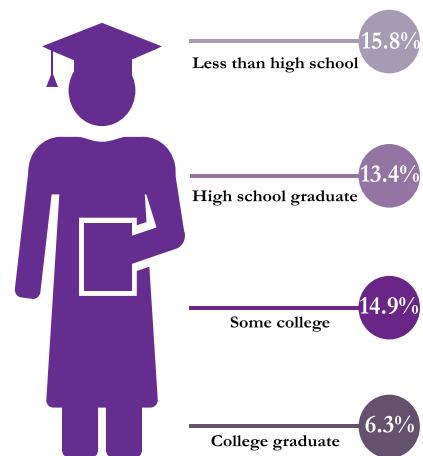


Hispanic suppressed, RSE >30%

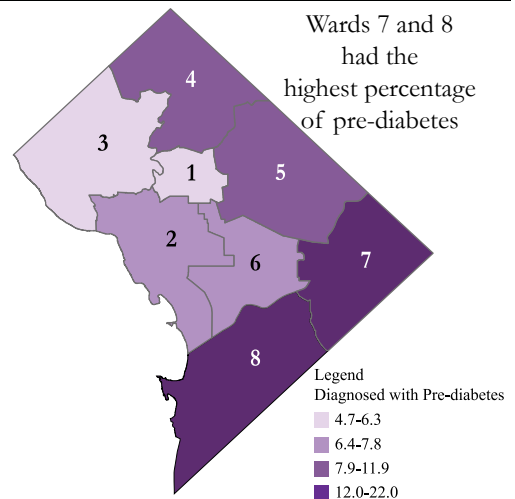
District adults diagnosed with pre-diabetes
by income, DC BRFSS 2015



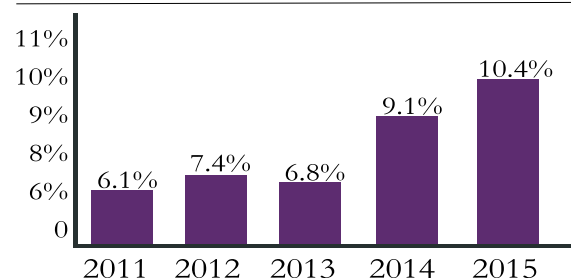
District adults diagnosed with pre-diabetes
by education, DC BRFSS 2015



District adults diagnosed with pre-diabetes
by ward, DC BRFSS 2015



Prevalence of Pre-Diabetes, 2011-2015





Risk Behaviors



Aerobic and Strengthening Guidelines

Binge Drinking

Exercise

Fruit Consumption

Hookah

Seat Belt Usage

Tobacco Use

Vegetable Consumption

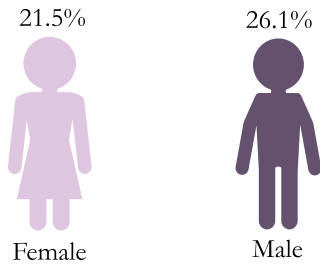
Aerobic and Strengthening Guidelines

23.7%

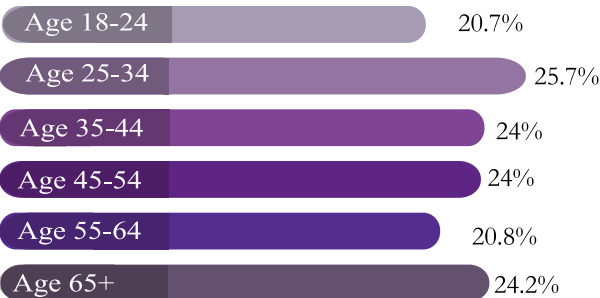
District Adults who Met
Aerobic and Strengthening
Guidelines
Aged 18 Years and Older

Physical activity is anything that gets your body moving. According to the 2008 Physical Activity Guidelines for Americans, individuals need to do two types of physical activity each week to improve their health, aerobic and muscle-strengthening. Adults need at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity every week and muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).¹⁴

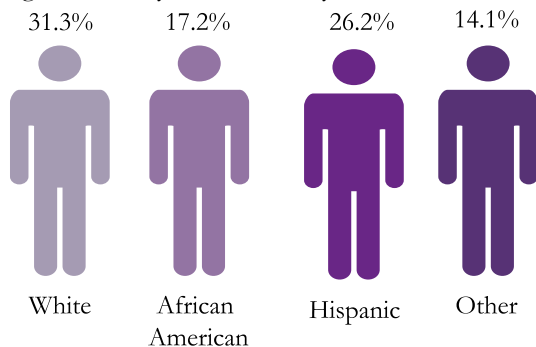
District adults who met the aerobic and strengthening guidelines by gender, DC BRFSS 2015



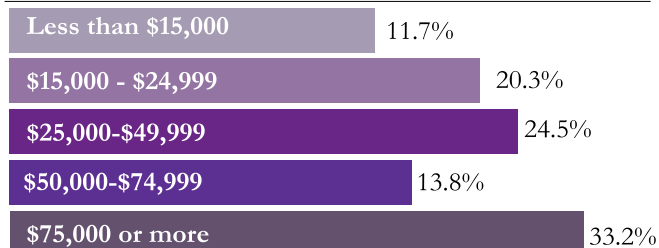
District adults who met the aerobic and strengthening guidelines by age, DC BRFSS 2015



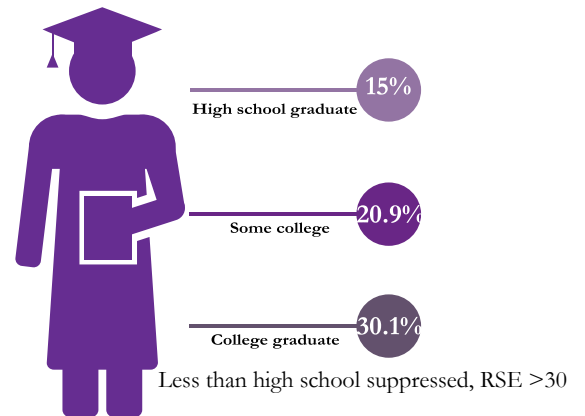
District adults who met the aerobic and strengthening guidelines by race/ethnicity, DC BRFSS 2015



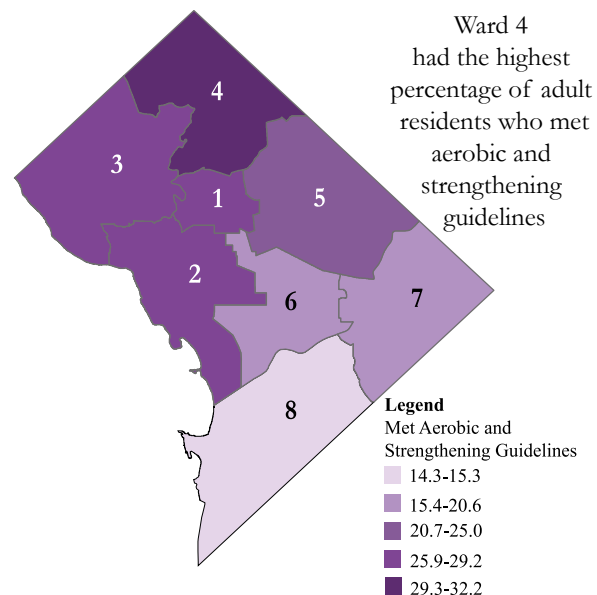
District adults who met the aerobic and strengthening guidelines by income, DC BRFSS 2015



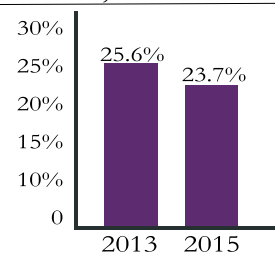
District adults who met the aerobic and strengthening guidelines by education, DC BRFSS 2015



District adults who met the aerobic and strengthening guidelines by ward, DC BRFSS 2015



Met Aerobic and Strengthening Guidelines, 2013 and 2015



Note: Aerobic and strengthening guidelines data is collected on odd years of the BRFSS

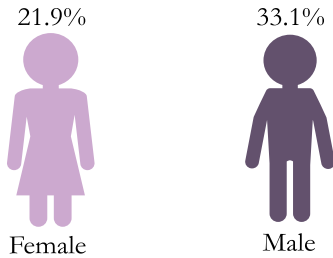
Binge Drinking

27.2%

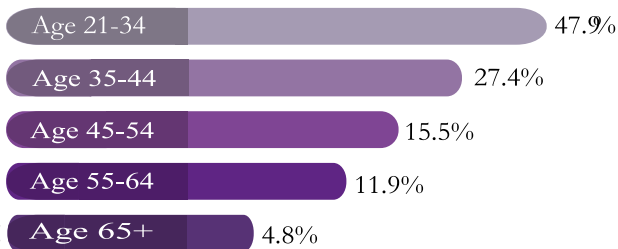
District Adults
who were
Binge Drinkers
Aged 18 Years and Older

Binge drinking is defined as consuming four or more alcoholic beverages per occasion for women or five or more drinks per occasion for men. Although risk may vary, individuals who drink in volume and often increase their risk for alcohol adverse related health outcomes. Excessive drinking contributes to over 54 different injuries and chronic diseases, in addition to car crashes, violence and sexually-transmitted diseases.¹⁵

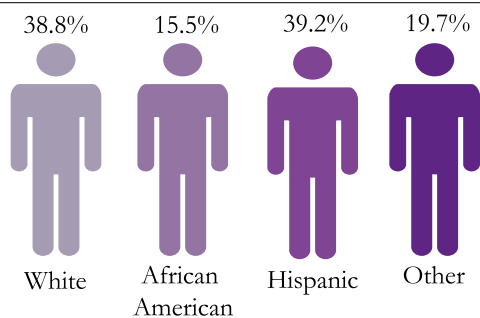
District adults who were binge drinkers
by gender, DC BRFSS 2015



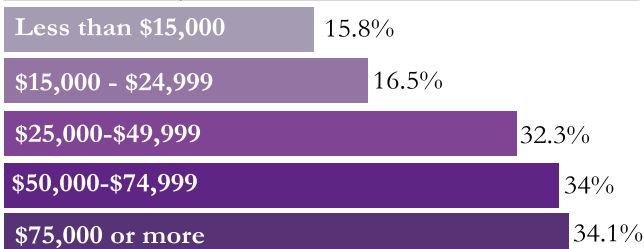
District adults who were binge drinkers
by age, DC BRFSS 2015



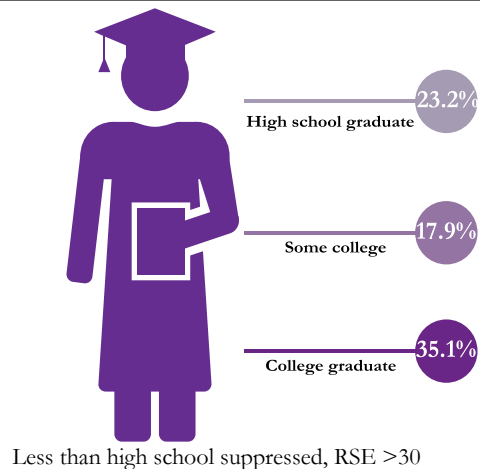
District adults who were binge drinkers
by race/ethnicity, DC BRFSS 2015



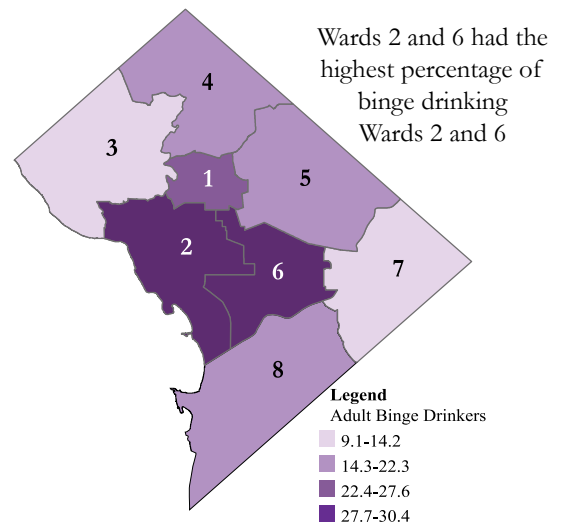
District adults who were binge drinkers
by income, DC BRFSS 2015



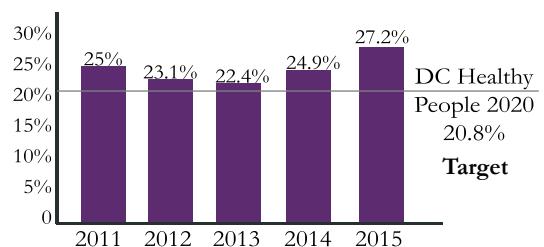
District adults who were binge drinkers
by education, DC BRFSS 2015



District adults who were binge drinkers
by ward, DC BRFSS 2015



Prevalence of Binge Drinking, 2011-2015



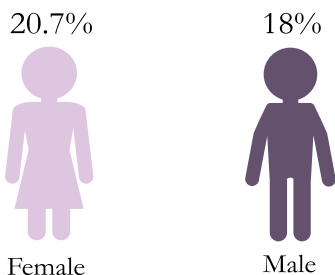
Exercise/Physical Activity

19.4%

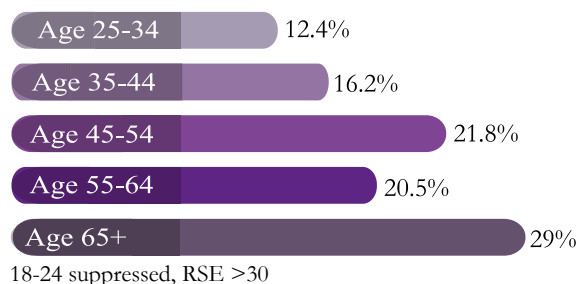
District Adults who did not Engage in Any Exercise within the Past 30 Days Aged 18 Years and Older

Engaging in regular physical activity helps improve an individual's overall health and fitness, in addition to sustaining their quality of life.¹⁶ Individuals who do not engage in regular physical activity increase their risk of chronic diseases associated with a sedentary lifestyle such as heart disease, type 2 diabetes and some cancers.¹⁷

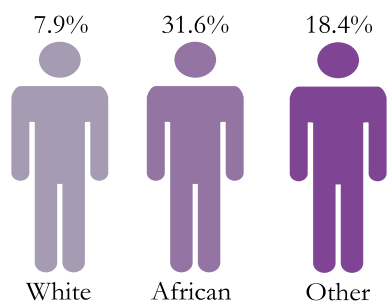
District adults who did not exercise in the past 30 days by gender, DC BRFSS 2015



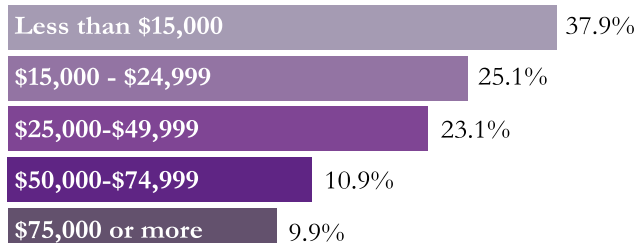
District adults who did not exercise in the past 30 days by age, DC BRFSS 2015



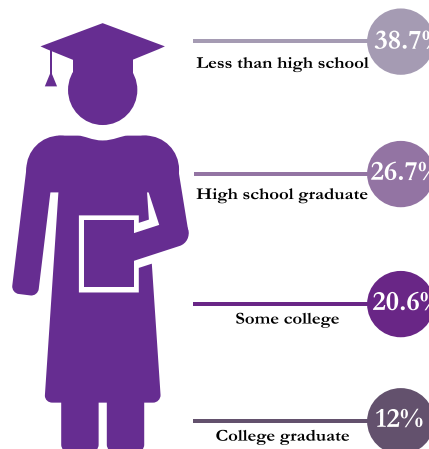
District adults who did not exercise in the past 30 days by race/ethnicity, DC BRFSS 2015



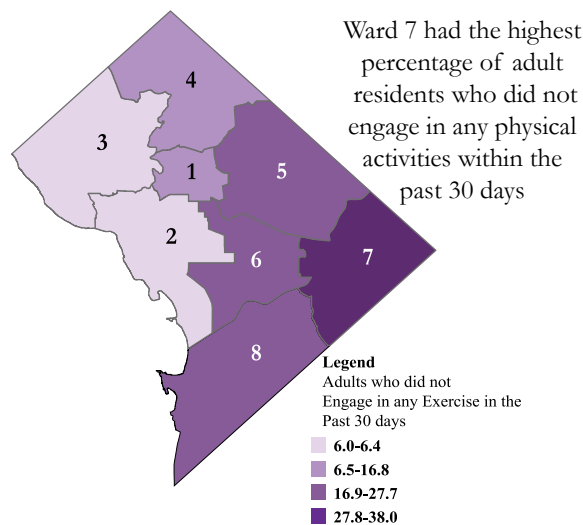
District adults who did not exercise in the past 30 days by income, DC BRFSS 2015



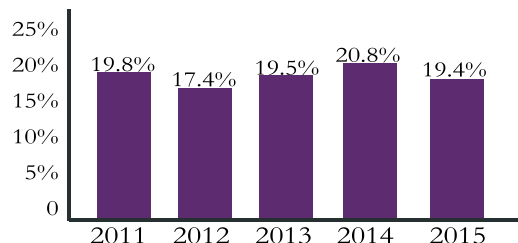
District adults who did not exercise in the past 30 days by education, DC BRFSS 2015



District adults who did not exercise in the past 30 days by ward, DC BRFSS 2015



No Exercise within the Past 30 Days, 2011-2015



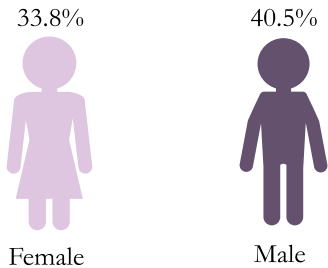
Fruit Consumption

37%

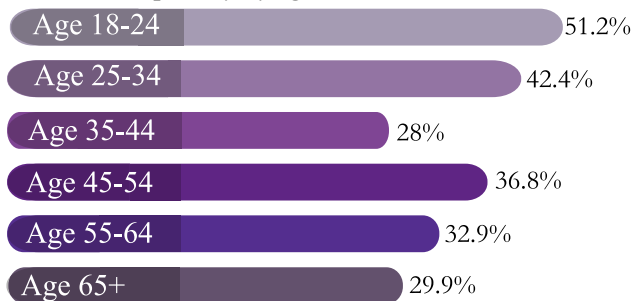
District Adults who
Consumed Fruit Less than
One Time Per Day
Aged 18 Years and Older

Fruit consumption is key to an individual's overall health. The Dietary Guidelines for Americans 2010 and Healthy People 2020 objectives call for individuals to increase their intake of fruits and vegetables. Dietary intake recommendations for fruit are about 1.5-2 cup equivalents daily for adult women and 2-2.5 cup equivalents daily for adult men, depending on age and physical activity level.¹⁹ Daily consumption may reduce cardiovascular disease and certain types of cancer. Diets low in fat, sugars and salt, may also prevent weight gain and reduce the risk of obesity.¹⁸

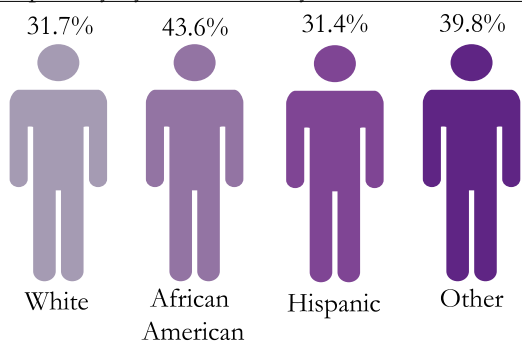
District adults who consumed fruit less than one time per day by gender, DC BRFSS 2015



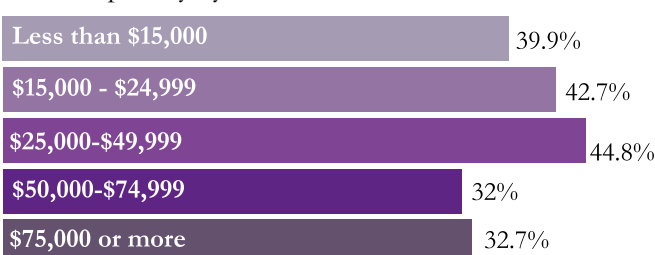
District adults who consumed fruit less than one time per day by age, DC BRFSS 2015



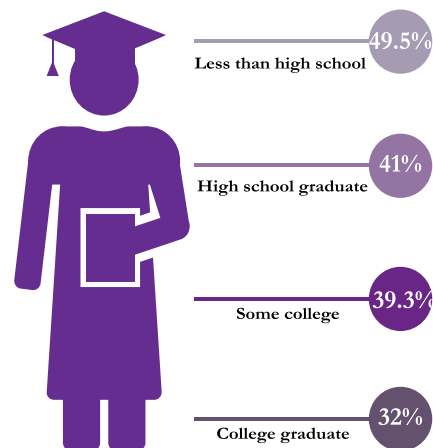
District adults who consumed fruit less than one time per day by race/ethnicity, DC BRFSS 2015



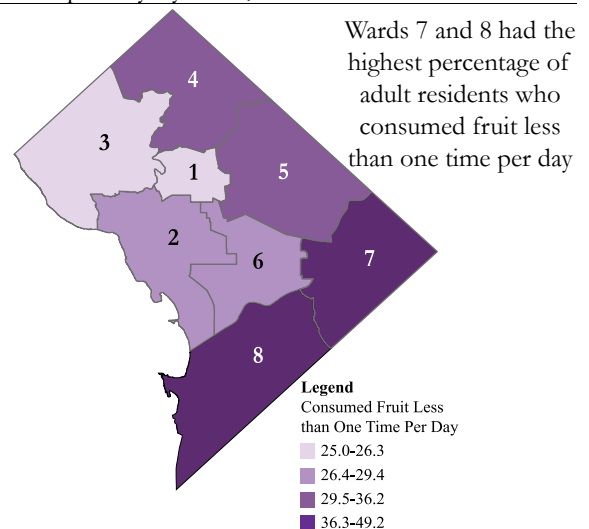
District adults who consumed fruit less than one time per day by income, DC BRFSS 2015



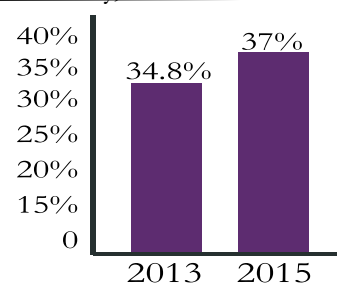
District adults who consumed fruit less than one time per day by education, DC BRFSS 2015



District adults who consumed fruit less than one time per day by ward, DC BRFSS 2015



Consumed Fruit Less than One Time Per Day, 2013 and 2015



Note: Fruit consumption data is collected on odd years of the BRFSS

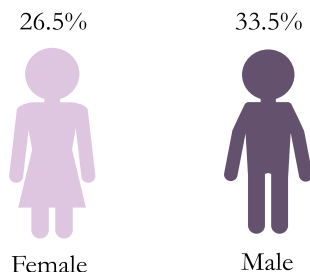
Hookah

29.8%

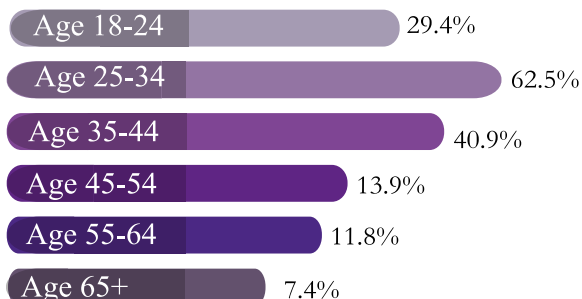
District Adults who
Tried Smoking
a Hookah at Least Once
Aged 18 Years and Older

Hookah is also called narghile, argileh, shisha, hubble-bubble, and goza.²⁰ Hookah is a water pipe that is used to smoke specially made tobacco that comes in different flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon.²⁰ Many Hookah users believe it is less harmful; however, hookah smoking has many of the same health risks as cigarette smoking.²⁰

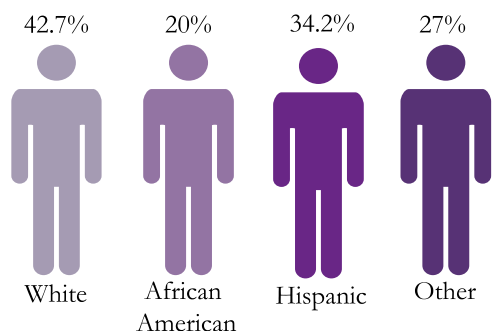
District adults who have tried smoking a hookah at least once in their entire life by gender, DC BRFSS 2015



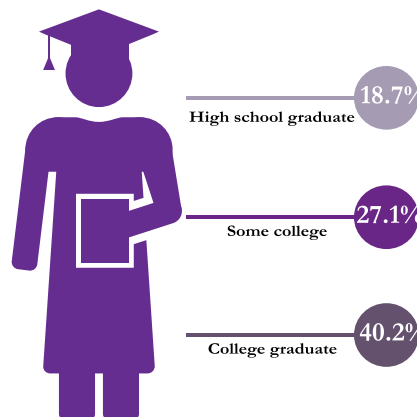
District adults who have tried smoking a hookah at least once in their entire life by age, DC BRFSS 2015



District adults who have tried smoking a hookah at least once in their entire life by race/ethnicity, DC BRFSS 2015

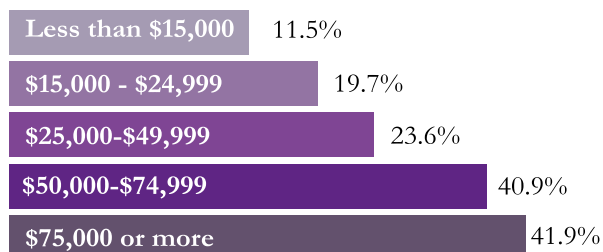


District adults who have tried smoking a hookah at least once in their entire life by education, DC BRFSS 2015

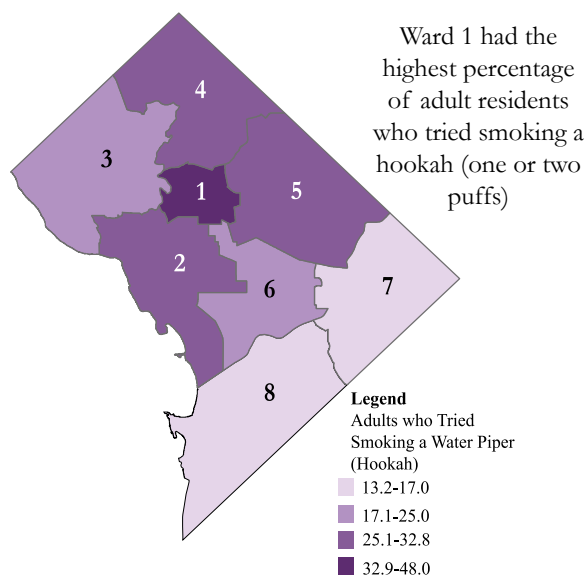


Less than high school suppressed, RSE >30

District adults who have tried smoking a hookah at least once in their entire life by income, DC BRFSS 2015



District adults who have tried smoking a hookah at least once in their entire life by ward, DC BRFSS 2015



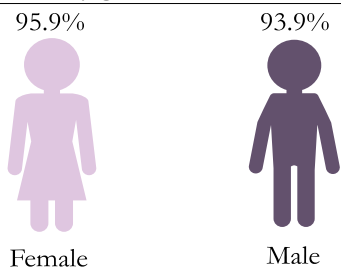
Seat Belt Usage

94.9%

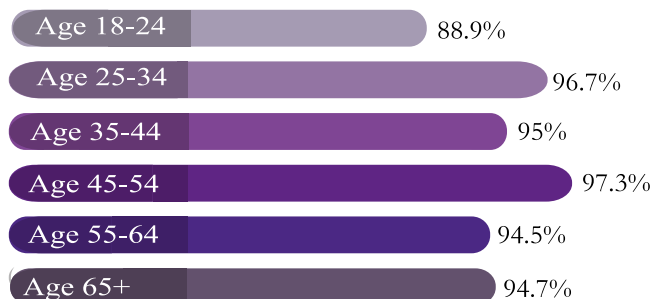
Seat Belt Usage Always or
Almost Always
Aged 18 Years and Older

In the U.S., a total of 22,441 passenger vehicle occupants died in motor vehicle traffic crashes in 2015. More than 2.5 million drivers and passengers were treated in emergency departments as a result of being injured in motor vehicle traffic crashes. Motor vehicle crashes are a leading cause of death among individuals aged 1-54 in the U.S.²¹

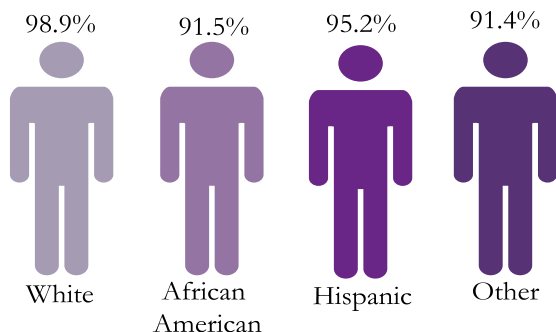
District adults who always or almost always wore a seat belt by gender, DC BRFSS 2015



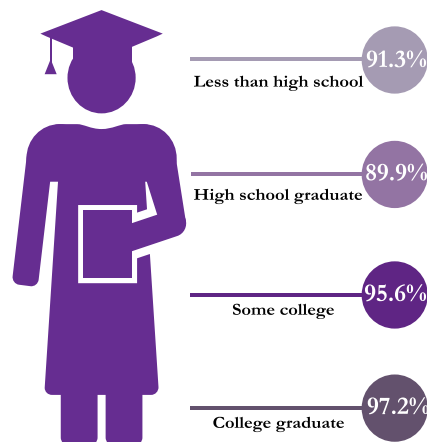
District adults who always or almost always wore a seat belt by age, DC BRFSS 2015



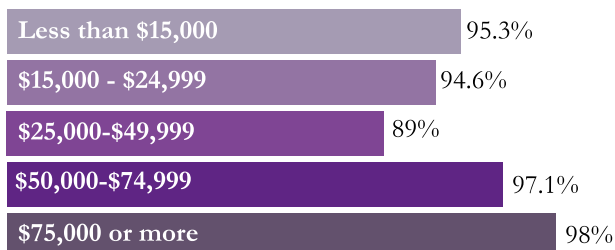
District adults who always or almost always wore a seat belt by race/ethnicity, DC BRFSS 2015



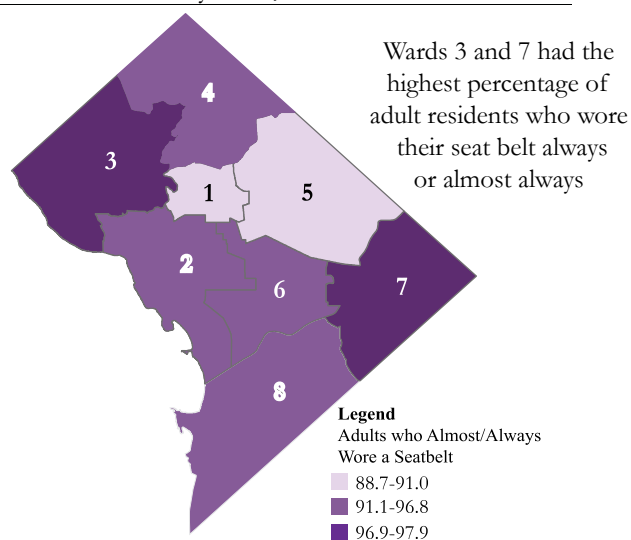
District adults who always or almost always wore a seat belt by education, DC BRFSS 2015



District adults who always or almost always wore a seat belt by income, DC BRFSS 2015



District adults who always or almost always wore a seat belt by ward, DC BRFSS 2015



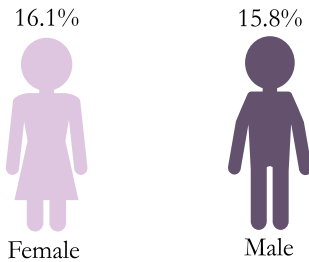
Tobacco Use

16%

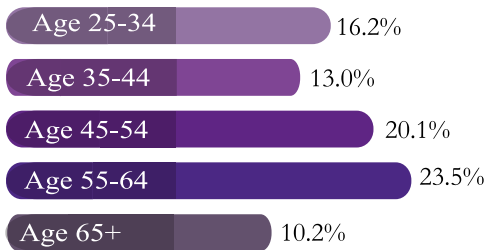
District Adults who were
Current Smokers
Aged 18 Years and Older

Tobacco use remains the leading cause of preventable death in the U.S.²² Cigarette smoking causes more than 480,000 deaths of Americans each year and more than 41,000 of these deaths are related to exposure to secondhand smoke. Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the overall health of smokers.²²

District adults who were current smokers
by gender, DC BRFSS 2015

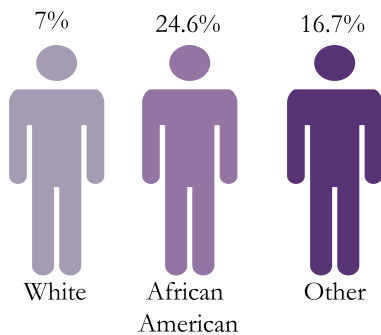


District adults who were current smokers
by age, DC BRFSS 2015



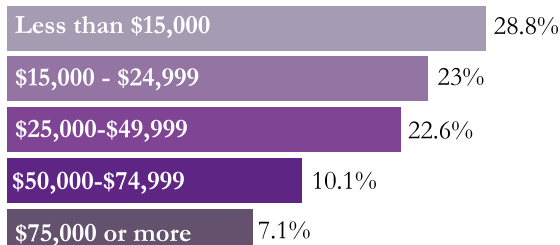
18-24 suppressed RSE>30

District adults who were current smokers
by race/ethnicity, DC BRFSS 2015

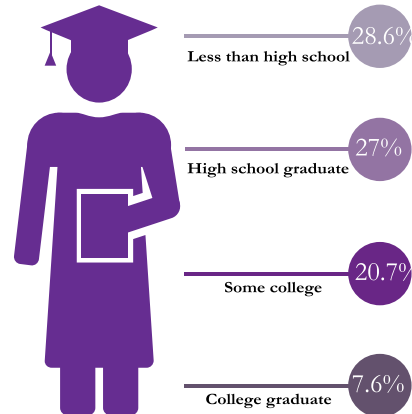


Hispanic suppressed, RSE>30

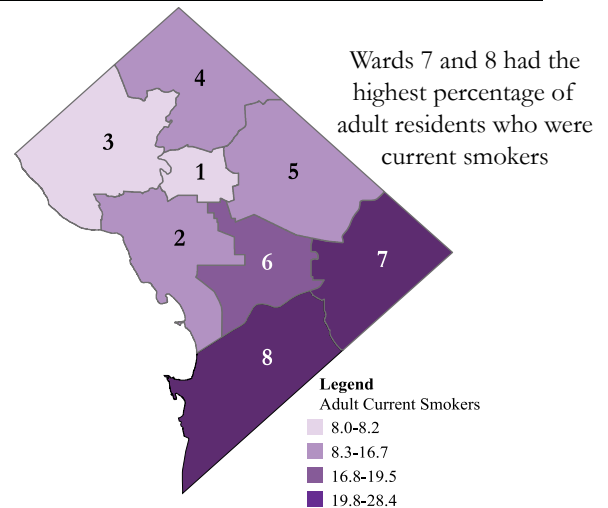
District adults who were current smokers
by income, DC BRFSS 2015



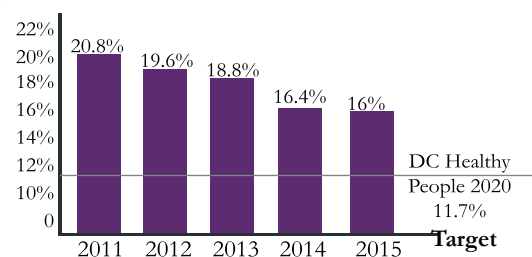
District adults who were current smokers
by education, DC BRFSS 2015



District adults who were current smokers
by ward, DC BRFSS 2015



Prevalence of Current Smoking, 2011-2015



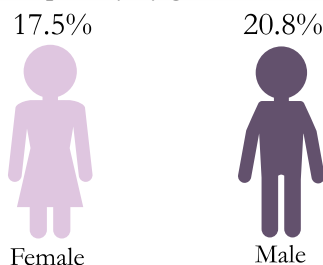
Vegetable Consumption

19%

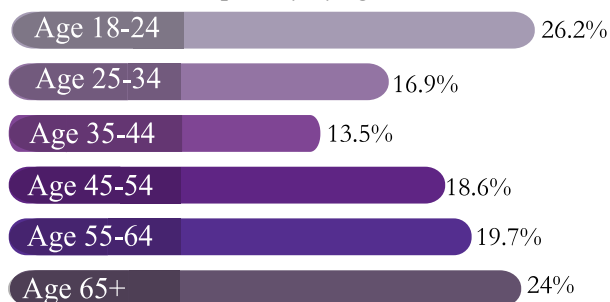
District Adults who Consumed Vegetables Less than One Time Per Day Aged 18 Years and Older

Vegetables and fruits are typically low in calories and filled with essential nutrients, making them an essential part of any healthy diet. Fruits and vegetables add nutrients to an individual's diet that help protect them from heart disease, stroke, and some cancers. Also, choosing produce such as vegetables, fruits, and nuts instead of high-calorie foods can increase the quality of an individual's overall health and aid in weight management.²³

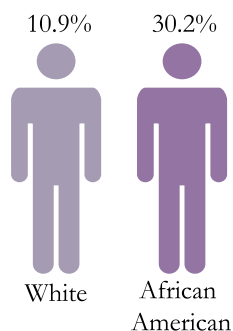
District adults who consumed vegetables less than one time per day by gender, DC BRFSS 2015



District adults who consumed vegetables less than one time per day by age, DC BRFSS 2015

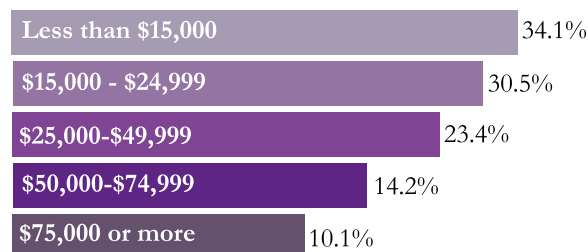


District adults who consumed vegetables less than one time per day by race/ethnicity, DC BRFSS 2015

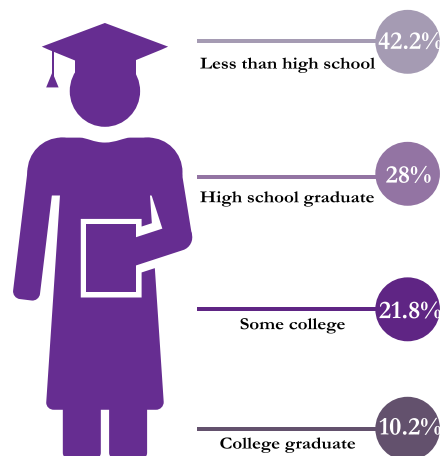


Hispanic and race category 'Other' suppressed, RSE>30%

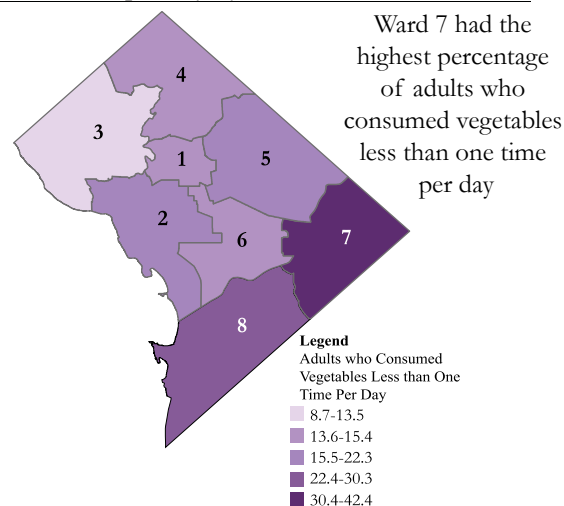
District adults who consumed vegetables less than one time per day by income, DC BRFSS 2015



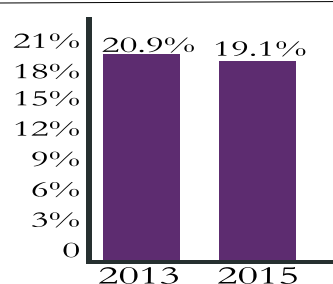
District adults who consumed vegetables less than one time per day by education, DC BRFSS 2015



District adults who consumed vegetables less than one time per day by ward, DC BRFSS 2015



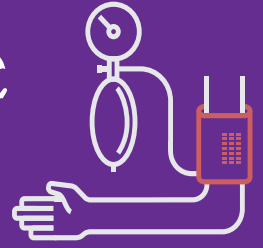
Consumed Vegetables Less than One Time Per Day, 2013 and 2015



Note: Vegetable consumption data is collected on odd years of the BRFSS



Clinical Preventive Practices



Cholesterol Awareness

HIV Test

Hypertension Awareness

Flu Shot

Pneumonia Shot

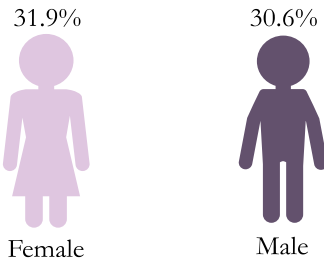
Cholesterol Awareness

31.3%

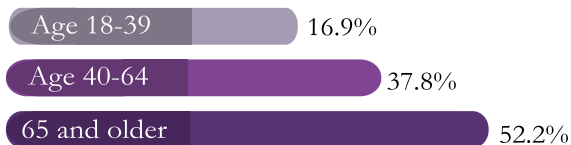
District Adults who
Had High Cholesterol
Aged 18 Years and Older

Individuals who have high cholesterol are at risk for a heart attack and/or stroke.²⁴ One in three adults have high cholesterol, one in two adults with high cholesterol have not sought treatment and two in three adults who have high cholesterol do not have it under control.²⁴ There are usually no signs or symptoms that an individual has high blood cholesterol, but it can be detected with a blood test.²⁵

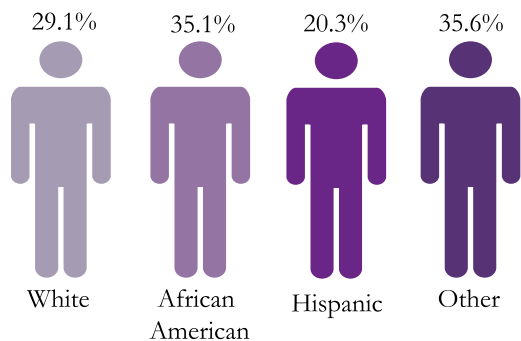
District adults who had high cholesterol
by gender, DC BRFSS 2015



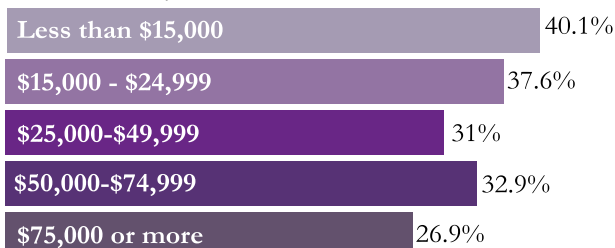
District adults who had high cholesterol
by age, DC BRFSS 2015



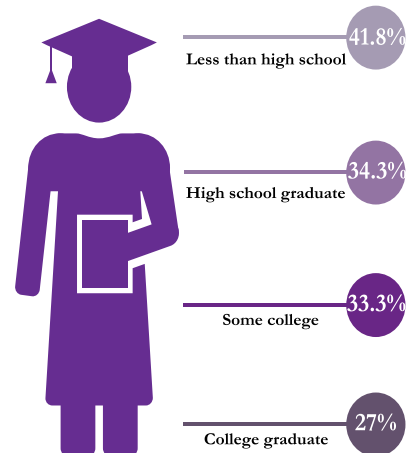
District adults who had high cholesterol
by race/ethnicity, DC BRFSS 2015



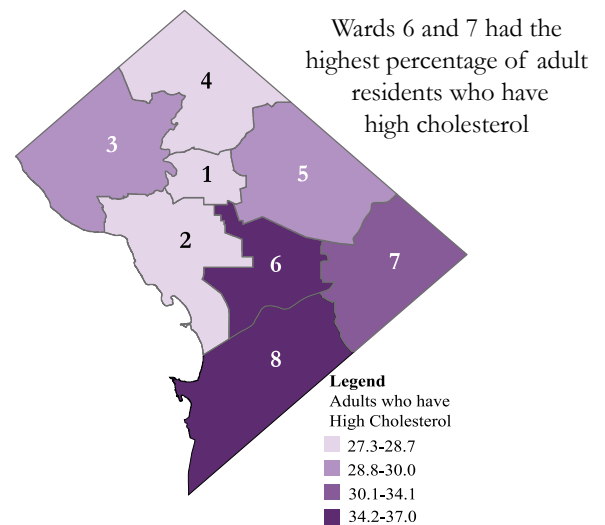
District adults who had high cholesterol
by income, DC BRFSS 2015



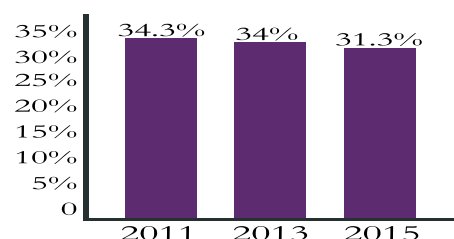
District adults who had high cholesterol
by education, DC BRFSS 2015



District adults who had high cholesterol
by ward, DC BRFSS 2015



Prevalence of High Cholesterol
Screening, 2011, 2013 and 2015



Note: Cholesterol screening data is collected on odd years of the BRFSS

HIV Test

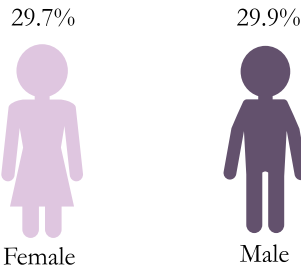
29.8%

Never Been Tested
for HIV

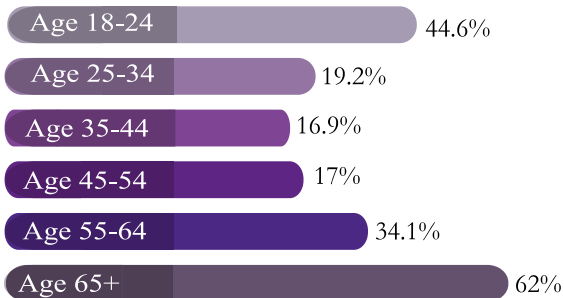
Aged 18 Years and Older

Human Immunodeficiency Virus (HIV) is the virus that can lead to Acquired Immunodeficiency Syndrome (AIDS). The only way to know for sure whether an individual has HIV is to get tested. CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care.²⁶

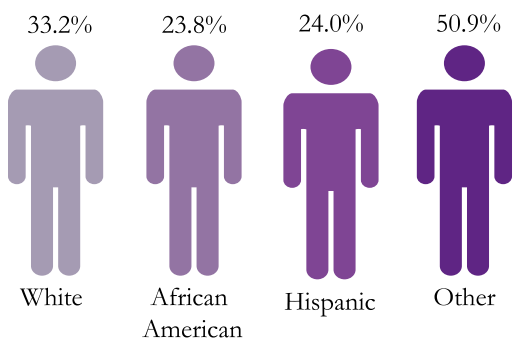
District adults who never had an HIV test
by gender, DC BRFSS 2015



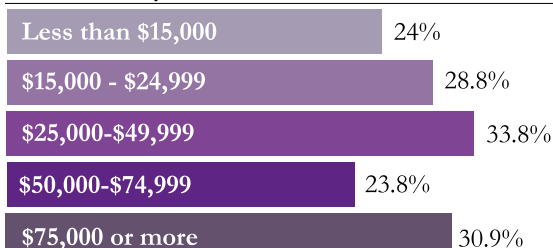
District adults who never had an HIV test
by age, DC BRFSS 2015



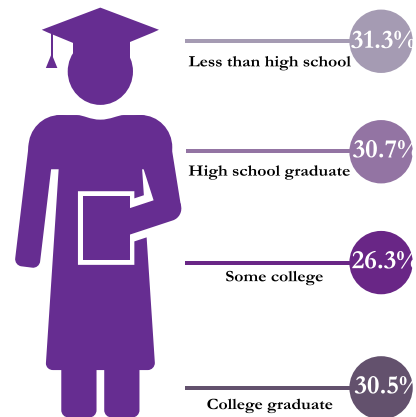
District adults who never had an HIV test
by race/ethnicity, DC BRFSS 2015



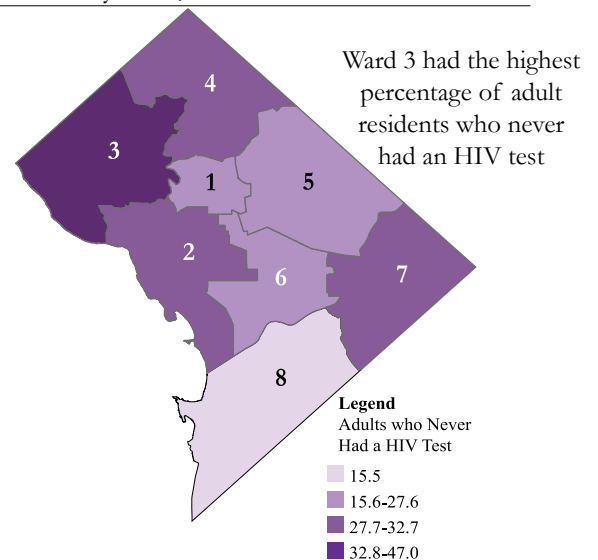
District adults who never had an HIV test
by income, DC BRFSS 2015



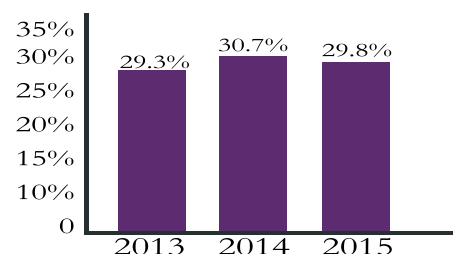
District adults who never had an HIV test
by education, DC BRFSS 2015



District adults who never had an HIV test
by ward, DC BRFSS 2015



Never had an HIV Test, 2013-2015



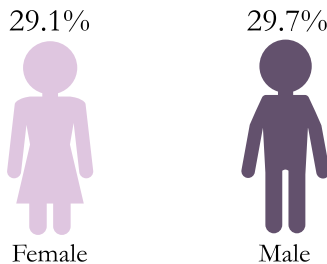
Hypertension Awareness

29.4%

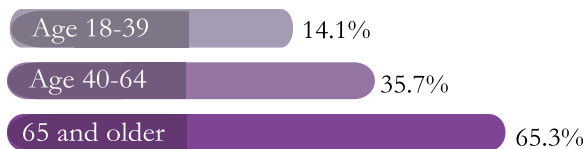
District Adults that have been Diagnosed with High Blood Pressure Aged 18 Years and Older

High blood pressure increases an individual's risk for heart disease and stroke, two of the leading causes of death in the U.S.²⁷ One in three adults have high blood pressure and have not sought treatment and one in two adults with high blood pressure do not have it under control.²⁷

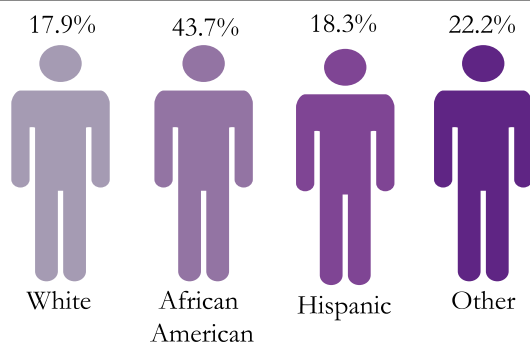
District adults who were diagnosed with high blood pressure by gender, DC BRFSS 2015



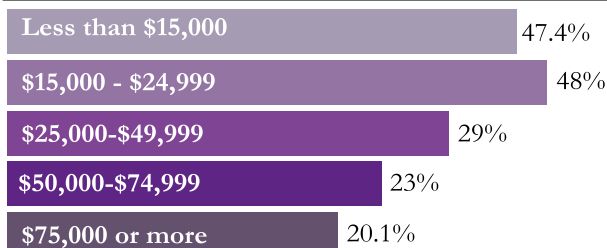
District adults who were diagnosed with high blood pressure by age, DC BRFSS 2015



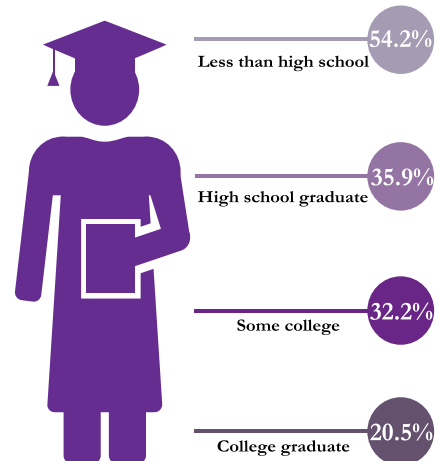
District adults who were diagnosed with high blood pressure by race/ethnicity, DC BRFSS 2015



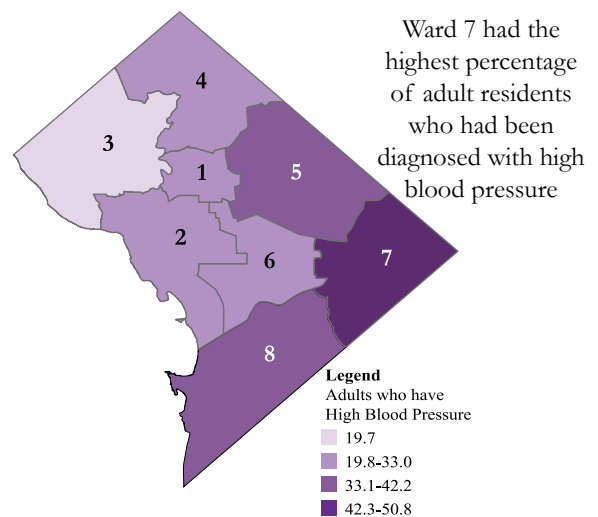
District adults who were diagnosed with high blood pressure by income, DC BRFSS 2015



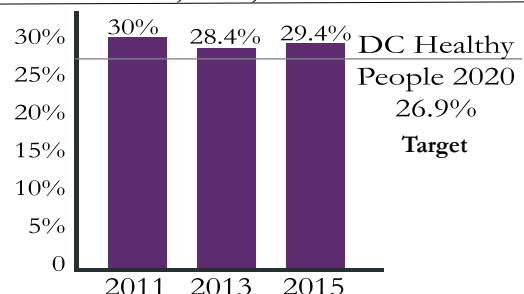
District adults who were diagnosed with high blood pressure by education, DC BRFSS 2015



District adults who were diagnosed with high blood pressure by ward DC BRFSS 2015



Prevalence of High Blood Pressure, 2011, 2013 and 2015



Note: Hypertension screening data is collected on odd years of the BRFSS

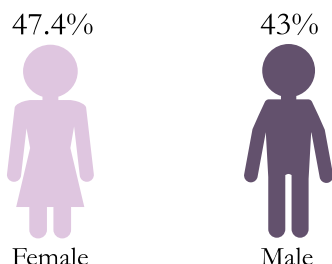
Flu Shot

45.5%

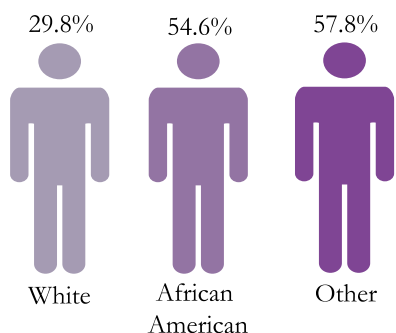
District Adults who did not have a Flu Shot within the Past 30 Days Aged 65 Years and Older

The flu shot is a vaccine given with a needle, usually in the arm or by a flu spray in the nose.²⁸ The seasonal flu shot protects against the three or four influenza viruses that researchers have identified to be the most common during flu season. “Flu season” in the U. S. can begin as early as October and end as late as May.²⁹ In the District of Columbia, Flu and Pneumonia were the ninth leading cause of death in 2015.

District adults who have not had a flu shot within the past 12 months by gender, DC BRFSS 2015

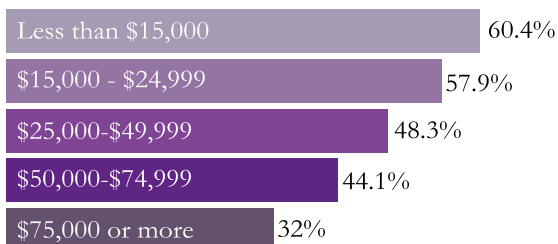


District adults who have not had a flu shot within the past 12 months by race/ethnicity, DC BRFSS 2015

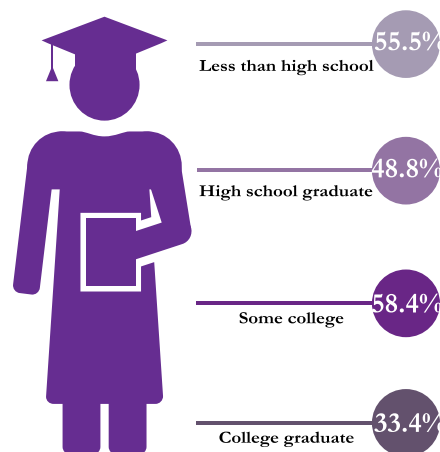


Hispanic suppressed, RSE>30%

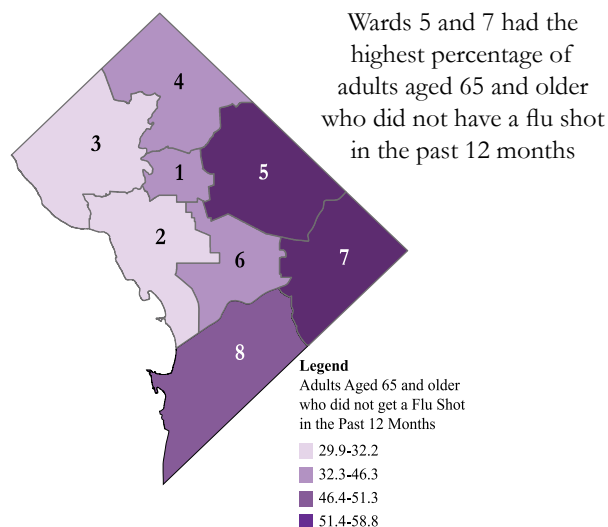
District adults who have not had a flu shot within the past 12 months by income, DC BRFSS 2015



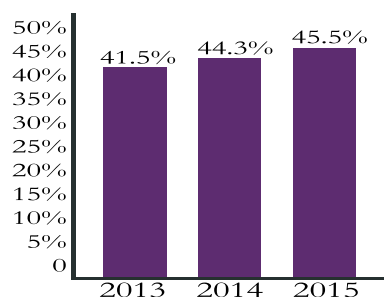
District adults who have not had a flu shot within the past 12 months by education, DC BRFSS 2015



District adults who have not had a flu shot within the past 12 months by ward, DC BRFSS 2015



No Flu Shot within the Past 12 Months, Adults Aged 65 Years and Older, 2013-2015



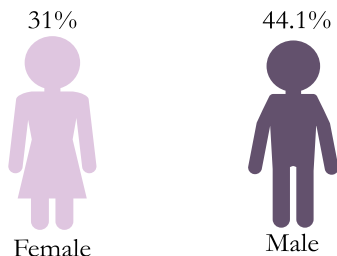
Pneumonia Shot

36.4%

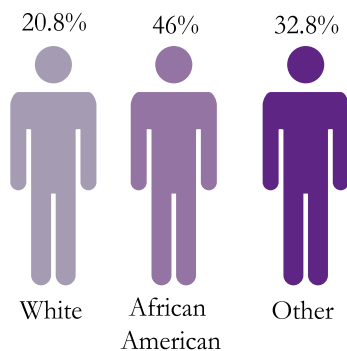
District Adults who
Never Had a
Pneumonia Shot
Aged 65 Years and Older

Pneumonia can be caused by viruses, bacteria, and fungi. It is an infection of the lungs that can cause mild to severe illness in individuals of all ages. Pneumococcal bacteria spreads from person to person by direct contact with respiratory secretions, like saliva or mucus. Depending on the cause, it can often be treated with medicine or prevented with vaccines. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide.³⁰ In the District of Columbia, pneumonia and influenza is the ninth leading cause of death in 2015.³¹

District adults aged 65 years and older who never had a pneumonia shot by gender, DC BRFSS 2015

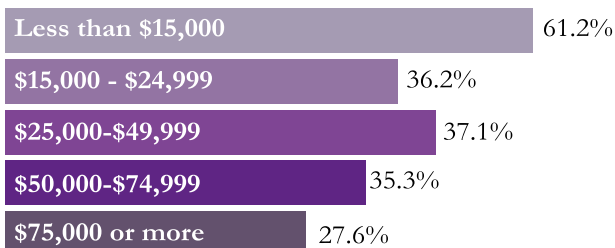


District adults aged 65 years and older who never had a pneumonia shot by race/ethnicity, DC BRFSS 2015

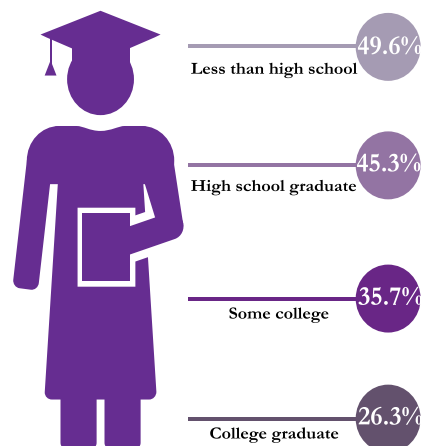


Hispanic suppressed, RSE>30

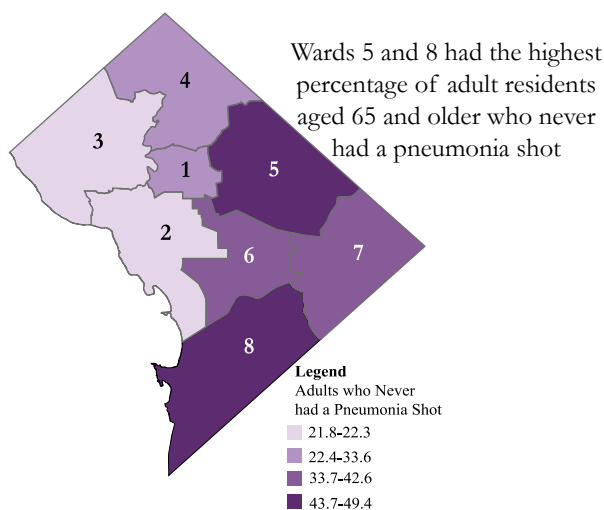
District adults aged 65 years and older who never had a pneumonia shot by income, DC BRFSS 2015



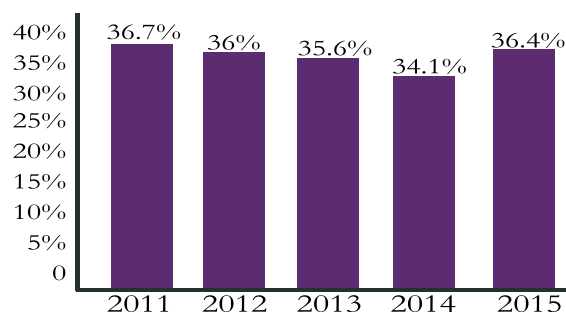
District adults aged 65 years and older who never had a pneumonia shot by education, DC BRFSS 2015

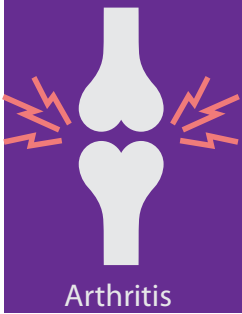


District adults aged 65 years and older who never had a pneumonia shot by ward DC BRFSS 2015



Never had Pneumonia Shot, 2011-2015





Chronic Conditions



Arthritis

Asthma

Cancer

Chronic Obstructive Pulmonary Disease (COPD)

Depressive Disorder

Diabetes

Heart Attack

Heart Disease

Kidney Disease

Stroke

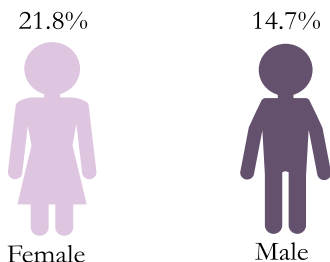
Arthritis

18.5%

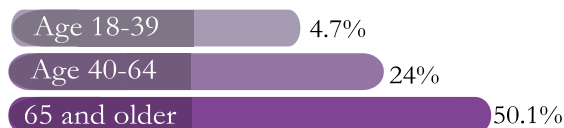
District Adults who were
Diagnosed with Arthritis
Aged 18 Years and Older

Arthritis includes more than 100 rheumatic diseases and conditions that affect joints, the tissues that surround the joint and other connective tissue.³³ The pattern, severity and location of symptoms can vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. Certain rheumatic conditions can also involve the immune system and various internal organs of the body.³⁴

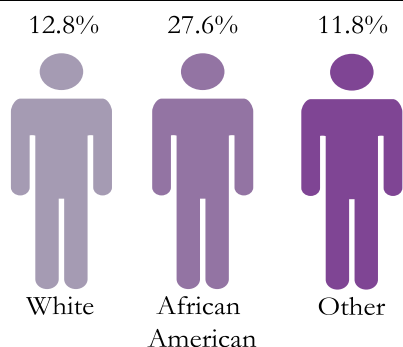
District adults diagnosed with arthritis
by gender, DC BRFSS 2015



District adults diagnosed with arthritis
by age, DC BRFSS 2015

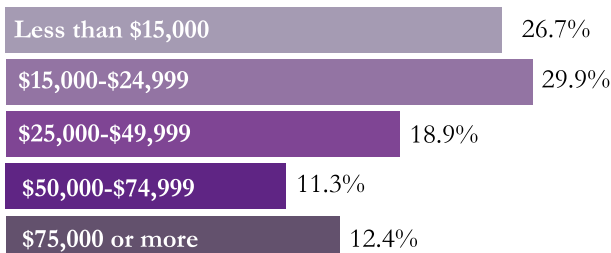


District adults diagnosed with arthritis
by race/ethnicity, DC BRFSS 2015

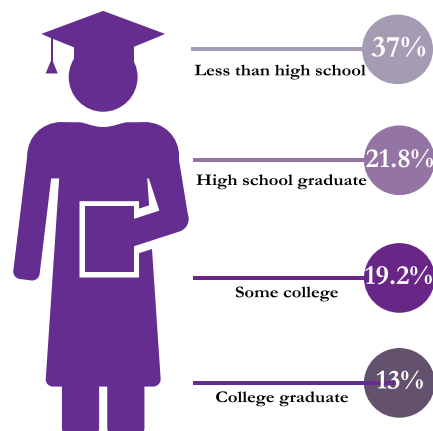


Hispanic suppressed, RSE>30

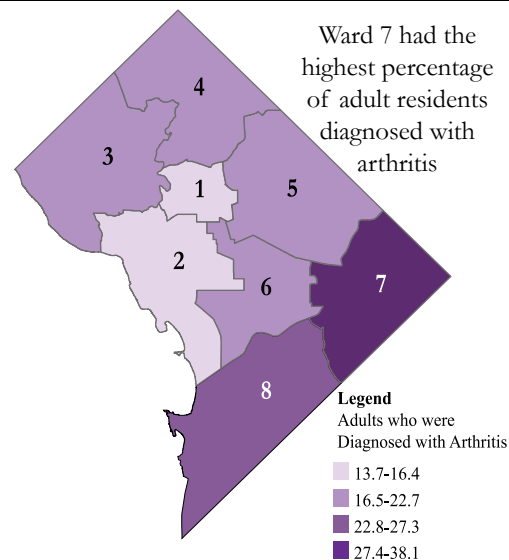
District adults diagnosed with arthritis
by income, DC BRFSS 2015



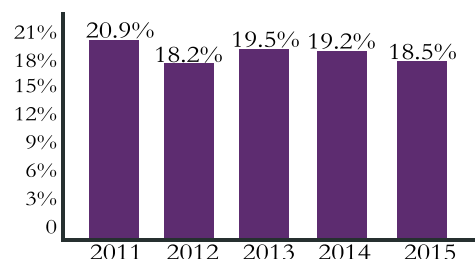
District adults diagnosed with arthritis
by education, DC BRFSS 2015



District adults diagnosed with arthritis
by ward, DC BRFSS 2015



Prevalence of Arthritis, 2011-2015



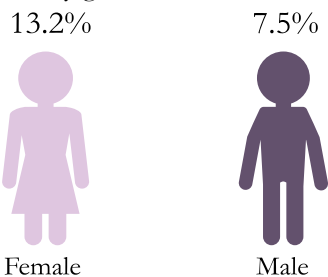
Asthma

10.6%

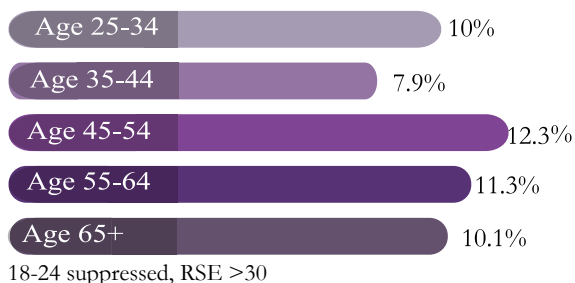
District Adults
Diagnosed with
Current Asthma
Aged 18 Years and Older

Asthma is a disease that affects the lungs. It can cause repeated episodes of wheezing, breathlessness, chest tightness and morning and night time coughing. Eliminating asthma triggers such as tobacco smoke, secondhand smoke and dust mites is critical in reducing asthma episodes.³²

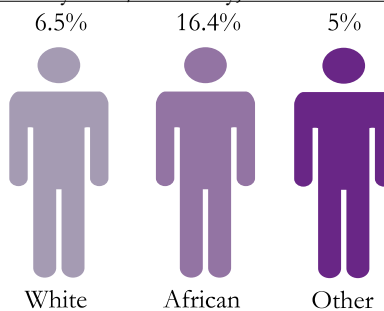
District adults who were diagnosed with asthma by gender, DC BRFSS 2015



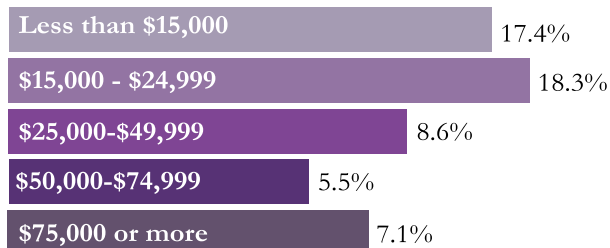
District adults who were diagnosed with asthma by age, DC BRFSS 2015



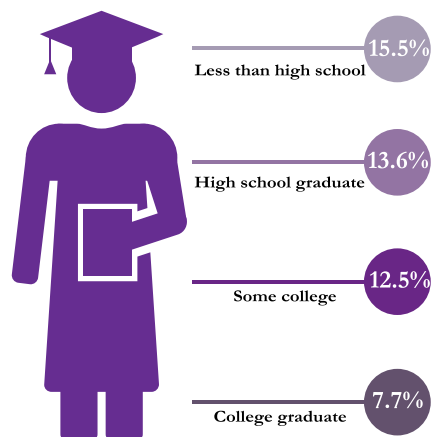
District adults who were diagnosed with asthma by race/ethnicity, DC BRFSS 2015



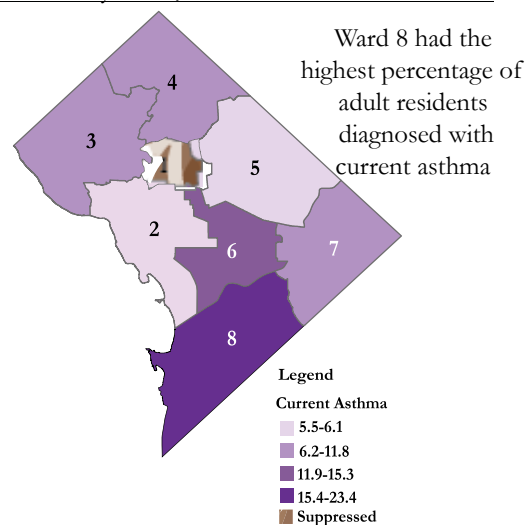
District adults who were diagnosed with asthma by income, DC BRFSS 2015



District adults who were diagnosed with asthma by education, DC BRFSS 2015

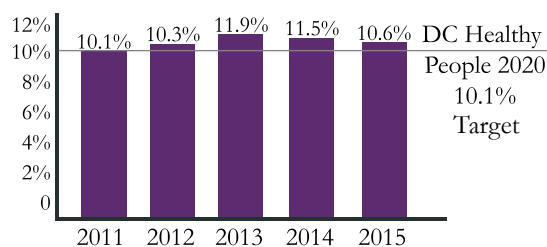


District adults who were diagnosed with asthma by ward, DC BRFSS 2015



Ward 1 suppressed, RSE >30

Prevalence of Asthma, 2011-2015



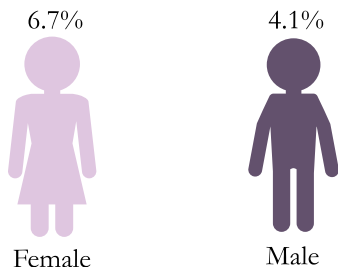
Cancer

5.5%

District Adults who were
Diagnosed with Cancer
Aged 18 Years and Older

In the United States³⁵ and the District of Columbia,³⁶ cancer is the second leading cause of death. Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues.³⁵ There are more than 100 kinds of cancer. Screening available for certain types of cancer such as cervical, colorectal, and breast cancer have been identified as key screenings that can detect cancer in its early stages when treatment works best.³⁵

District adults who were diagnosed with cancer by gender, DC BRFSS 2015



District adults who were diagnosed with cancer by age, DC BRFSS 2015



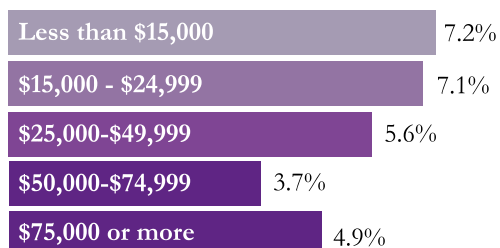
Note: Age 18-39, RSE greater than 30

District adults who were diagnosed with cancer by race/ethnicity, DC BRFSS 2015

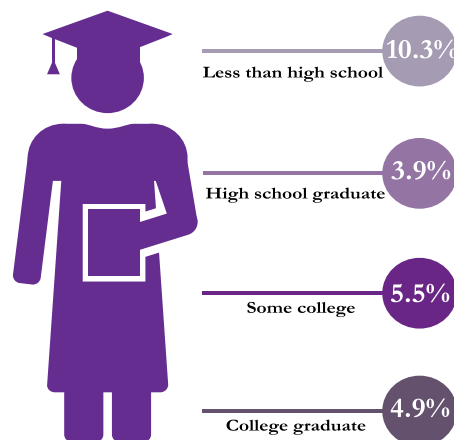


Hispanic and race category 'Other' suppressed, RSE>30

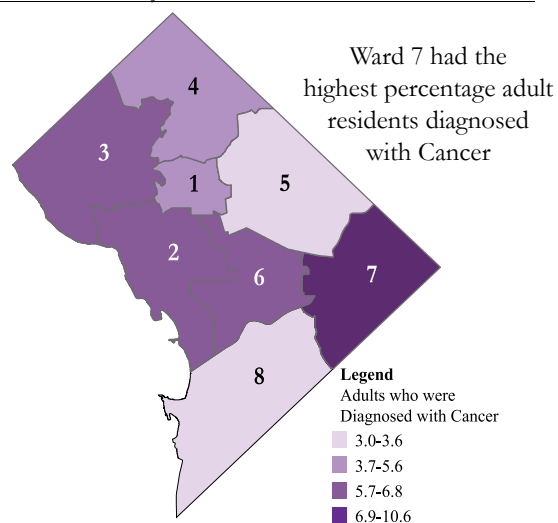
District adults who were diagnosed with cancer by income, DC BRFSS 2015



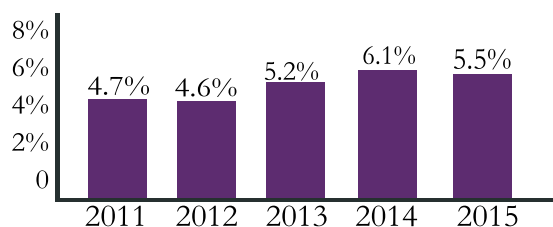
District adults who were diagnosed with cancer by education, DC BRFSS 2015



District adults who were diagnosed with cancer by ward, DC BRFSS 2015



Prevalence of Cancer, 2011-2015



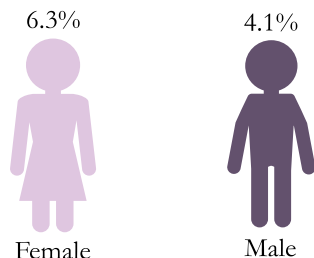
COPD

5.3%

District Adults
Diagnosed with COPD
Aged 18 Years and Older

Chronic Obstructive Pulmonary Disease, or COPD, refers to a group of diseases that restrict airflow blockage and cause breathing-related problems, which includes emphysema, chronic bronchitis, and in some cases asthma.³⁷ In the U.S., tobacco smoke is a major factor in the development and progression of COPD.¹ Exposure to air pollutants in the home and workplace, genetic factors, respiratory infections also play a role.³⁷ In the District of Columbia, Chronic Respiratory Disease is the sixth leading cause of death, 2015.³¹

District adults who were diagnosed with COPD
by gender, DC BRFSS 2015

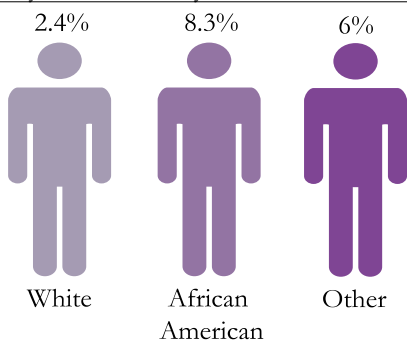


District adults who were diagnosed with COPD
by age, DC BRFSS 2015



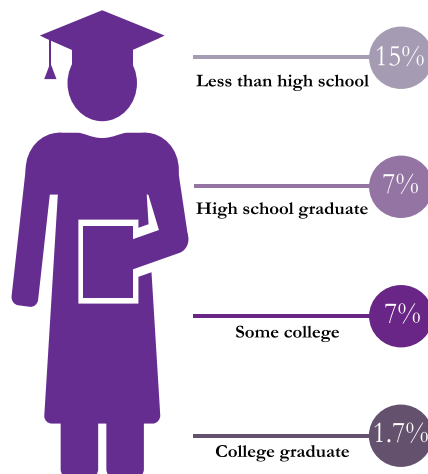
18-39 excluded RSE less than 30

District adults who were diagnosed with COPD
by race/ethnicity, DC BRFSS 2015

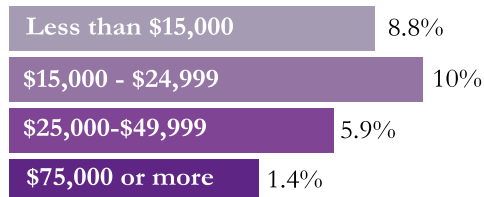


Hispanic suppressed, RSE>30

District adults who were diagnosed with COPD
by education, DC BRFSS 2015

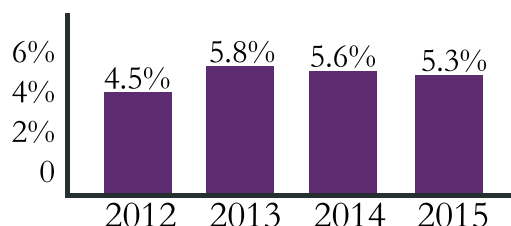


District adults who were diagnosed with COPD
by income, DC BRFSS 2015



Income \$50,000-\$74,999 suppressed, RSE>30

Prevalence of COPD, 2012-2015



Note: Ward is excluded, RSE >30

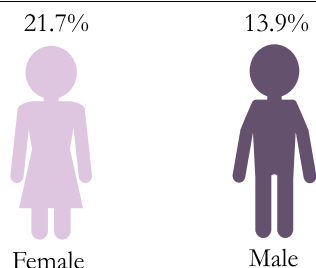
Depressive Disorder

18%

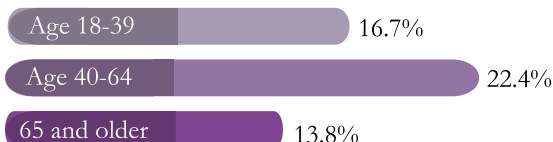
District Adults
who were Diagnosed with
a Depressive Disorder
Aged 18 Years and Older

Depression is a serious medical condition and a critical public health issue. Depression is associated with an increased risk for mortality from suicide as well as heart disease. Depression is also associated with a high risk for other conditions and behaviors including other mental disorders such as anxiety disorders, substance use and eating disorders.³⁸

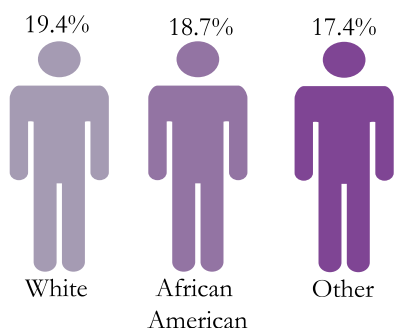
District adults diagnosed with a depressive disorder by gender, DC BRFSS 2015



District adults diagnosed with a depressive disorder by age, DC BRFSS 2015

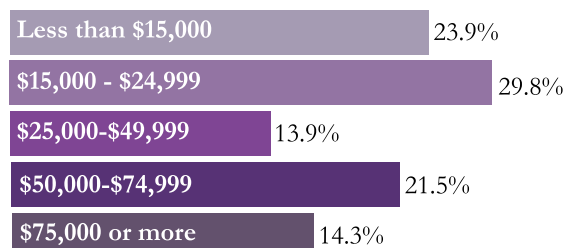


District adults diagnosed with a depressive disorder by race/ethnicity, DC BRFSS 2015

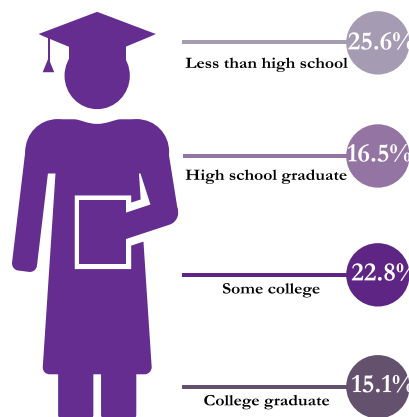


Hispanic suppressed, RSE>30

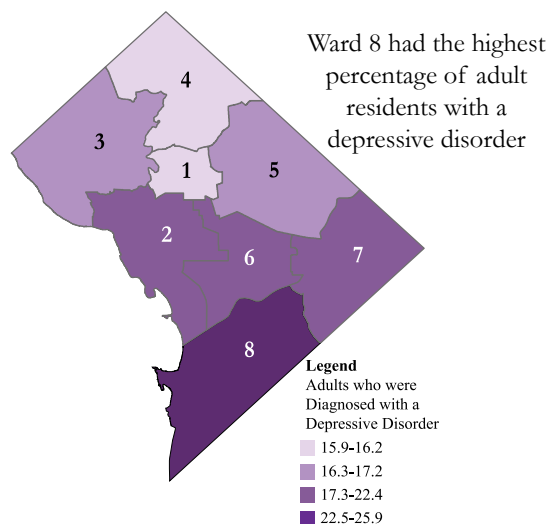
District adults diagnosed with a depressive disorder by income, DC BRFSS 2015



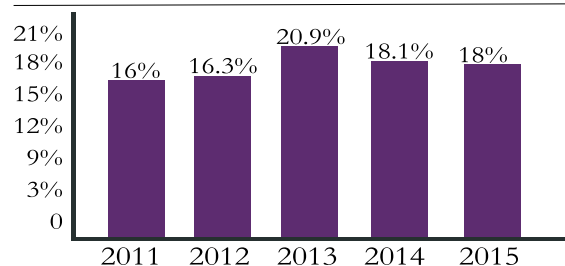
District adults diagnosed with a depressive disorder by education, DC BRFSS 2015



District adults diagnosed with a depressive disorder by ward, DC BRFSS 2015



Prevalence of Depressive Disorder, 2011-2015



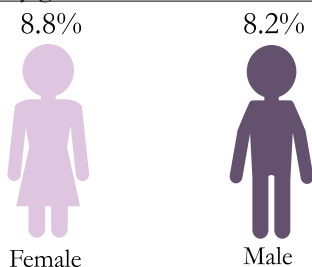
Diabetes

8.5%

District Adults
Diagnosed with Diabetes
Aged 18 Years and Older

Diabetes is a disease in which blood glucose levels are above normal (6.5 or higher).³⁹ Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States¹ and the fifth leading cause of death in the District of Columbia.⁴⁰

District adults diagnosed with diabetes
by gender, DC BRFSS 2015

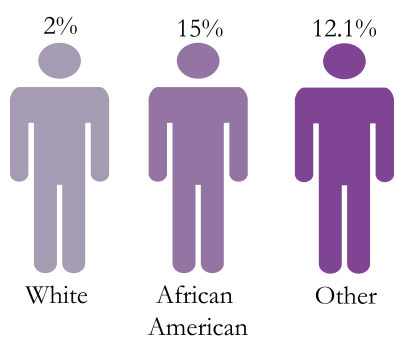


District adults diagnosed with diabetes
by age, DC BRFSS 2015



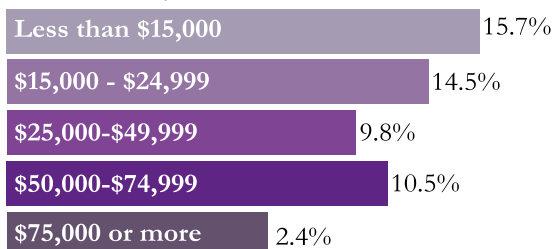
18-39 suppressed, RSE>30

District adults diagnosed with diabetes
by race/ethnicity, DC BRFSS 2015

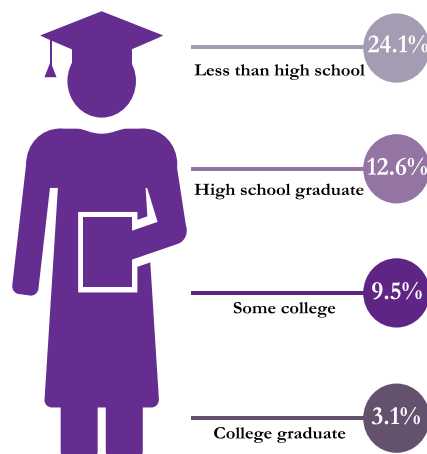


Hispanic suppressed, RSE>30

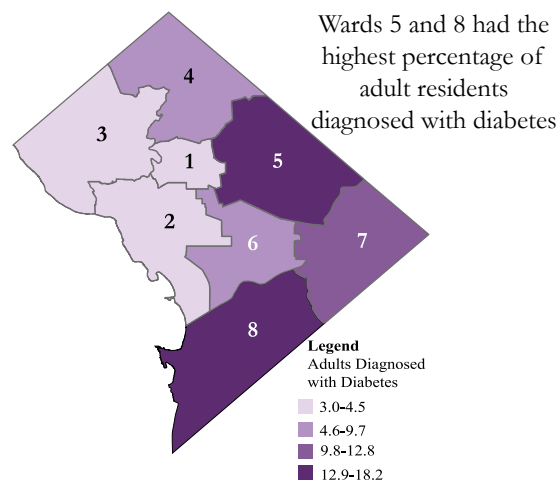
District adults diagnosed with diabetes
by income, DC BRFSS 2015



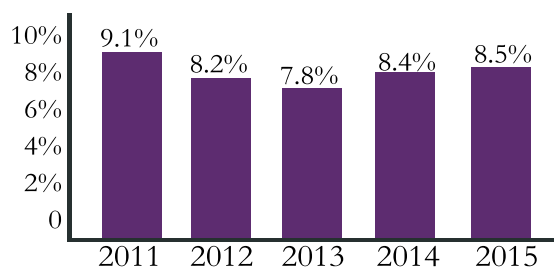
District adults diagnosed with diabetes
by education, DC BRFSS 2015



District adults diagnosed with diabetes
by ward, DC BRFSS 2015



Prevalence of Diabetes, 2011-2015



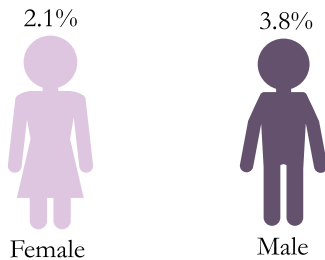
Heart Attack

2.9%

District Adults
had a Heart Attack
Aged 18 Years and Older

Every 43 seconds, someone in the U.S. has a heart attack.⁴¹ A heart attack, also called a myocardial infarction, occurs when a part of the heart muscle dies or is damaged due to reduced blood supply. The more time that passes without medical treatment to restore blood flow, the greater the damage to the heart muscle.⁴¹

District adults who suffered a heart attack
by gender, DC BRFSS 2015



District adults who suffered a heart attack
by age, DC BRFSS 2015

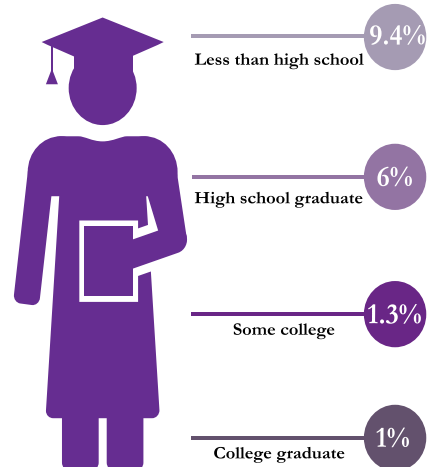


District adults who suffered a heart attack
by race/ethnicity, DC BRFSS 2015

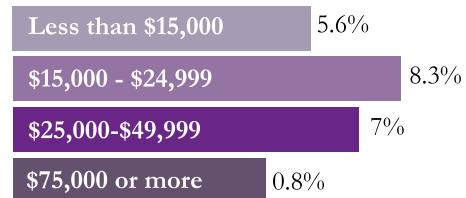


Hispanic and race category 'Other' suppressed, RSE>30

District adults who suffered a heart attack
by education, DC BRFSS 2015

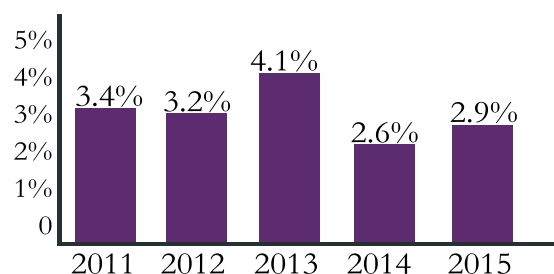


District adults who suffered a heart attack
by income, DC BRFSS 2015



Income \$50,000-\$74,999 suppressed, RSE>30

Prevalence of Heart Attack, 2011-2015



Note: Ward is excluded, RSE > 30

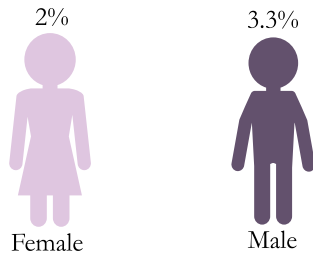
Heart Disease

2.6%

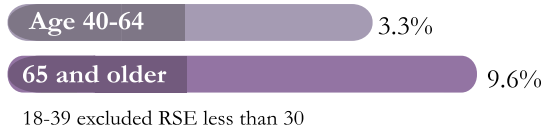
Had a Heart Attack
Aged 18 Years and Older

One in five heart attacks is silent creating damage and the individual is not aware of it.⁴² Coronary Artery Disease (CAD) is the most common type of heart disease in the United States.⁴² CAD can also cause angina, heart failure and arrhythmias. For most individuals the first sign of CAD is a heart attack.¹ In the District of Columbia, heart disease is the leading cause of death.⁴³

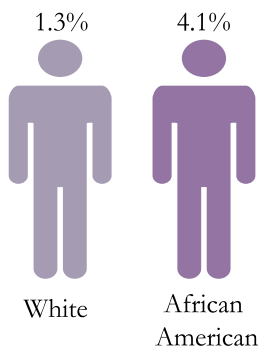
District adults diagnosed with heart disease
by gender, DC BRFSS 2015



District adults diagnosed with heart disease
by age, DC BRFSS 2015

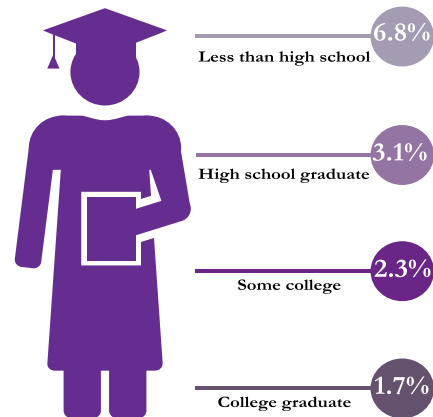


District adults diagnosed with heart disease
by race/ethnicity, DC BRFSS 2015

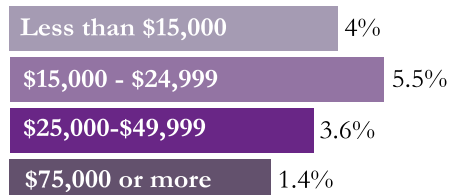


Hispanic and race category 'Other' suppressed, RSE>30

District adults diagnosed with heart disease
by education, DC BRFSS 2015

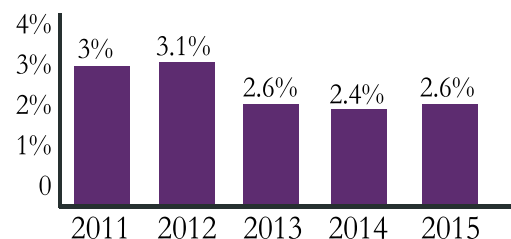


District adults diagnosed with heart disease
by income, DC BRFSS 2015



Note: Income \$50,000-\$74,999 suppressed, RSE>30

Prevalence of Heart Disease, 2011-2015



Note: Ward is excluded, RSE > 30

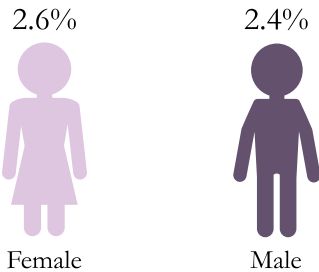
Kidney Disease

2.6%

Diagnosed with
Kidney Disease
Aged 18 Years and Older

An estimated 15% of U.S. adults have chronic kidney disease.⁴⁴ The early signs of CKD has no signs or symptoms and most individuals are unaware they have it.⁴⁴ Kidney disease can affect an individual's ability to clean their blood, filter extra water out of their blood, and help control their blood pressure. When an individual's kidneys are damaged, waste products and fluid can build up in the body and cause swelling in the ankles, vomiting, weakness, poor sleep, and shortness of breath. Without treatment, the damage can become severe resulting in kidney failure.⁴⁵

District adults diagnosed with kidney disease
by gender, DC BRFSS 2015

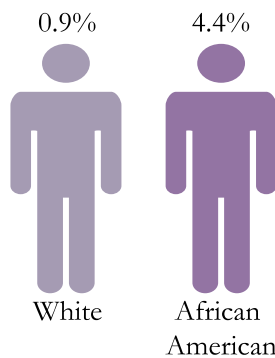


District adults diagnosed with kidney disease
by age, DC BRFSS 2015



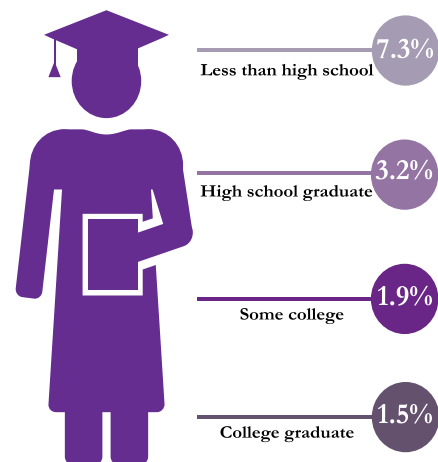
Age - 18-39 excluded RSE greater than 30

District adults diagnosed with kidney disease
by race/ethnicity, DC BRFSS 2015

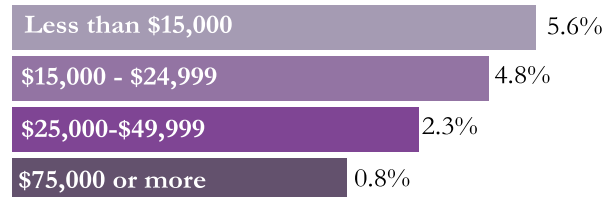


Hispanic and race category 'Other' suppressed, RSE > 30

District adults diagnosed with kidney disease
by education, DC BRFSS 2015

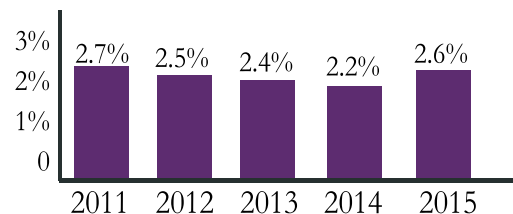


District adults diagnosed with kidney disease
by income, DC BRFSS 2015



Income \$50,000-\$74,999 suppressed, RSE > 30

Prevalence of Kidney Disease, 2011-2015



Note: Ward is excluded, RSE > 30

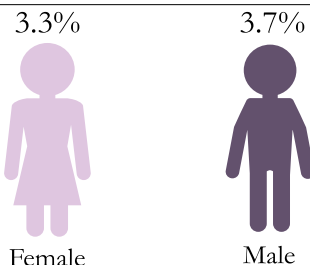
Stroke

3.5%

District Adults
who had a Stroke
Aged 18 Years and Older

Stroke is the fifth leading cause of death in the United States⁴⁶ and the fourth leading cause of death in the District of Columbia.⁴⁷ A stroke, also called a brain attack is a major cause of serious disability for adults. An estimated 795,000 individuals people in the U.S. have a stroke each year.¹ A stroke can cause lasting brain damage, long-term disability, or even death.⁴⁸

District adults who had a stroke by gender,
DC BRFSS 2015



District adults who had a stroke by age,
DC BRFSS 2015



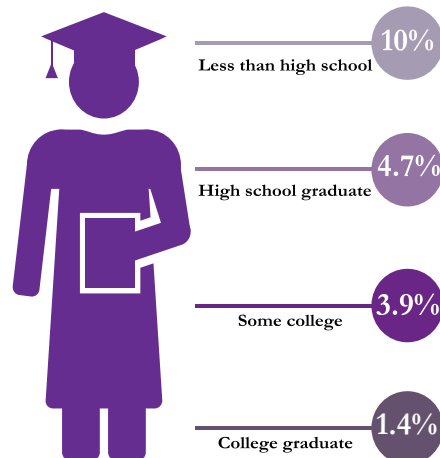
18-39 excluded RSE less than 30

District adults who had a stroke by race/ethnicity,
DC BRFSS 2015

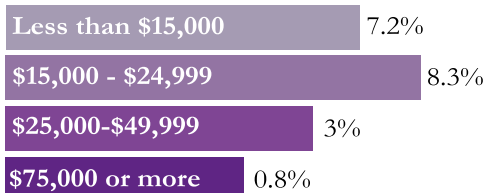


Hispanic and race/ethnicity group 'Other' suppressed, RSE>30

District adults who had a stroke by education,
DC BRFSS 2015

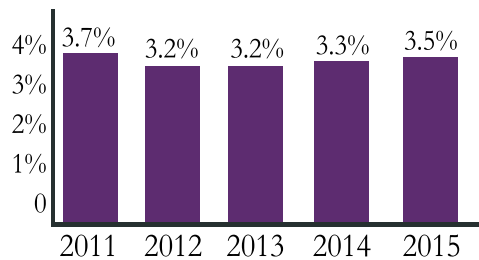


District adults who had a stroke by income,
DC BRFSS 2015



Income \$50,000-\$74,999 suppressed, RSE>30

Prevalence of Stroke, 2011-2015



Note: Ward is excluded, RSE > 30



HEAD INJURY

Other



General Preparedness

Traumatic Brain Injury

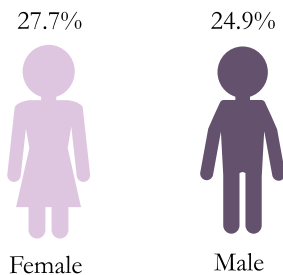
General Preparedness

26.4%

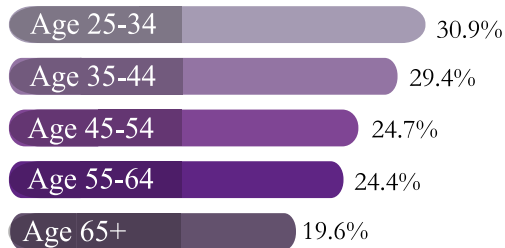
Households that were Not
at All Prepared for a
Large-Scale Disaster
or Emergency
Aged 18 Years and Older

If an emergency and/or terrorism event occurs, many individuals may not be prepared or have access to essentials necessary to ensure their safety or the safety of individuals who may be affected. Being prepared to respond to emergency and/or terrorism event requires an understanding of how the community, state, federal, and local entities work together during an event.⁵⁰

District adults whose household is not prepared
for a large-scale disaster or emergency
by gender, DC BRFSS 2015

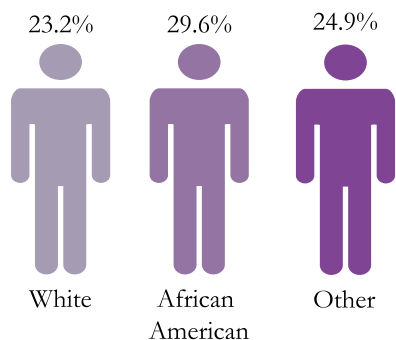


District adults whose household is not prepared
for a large-scale disaster or emergency
by age, DC BRFSS 2015



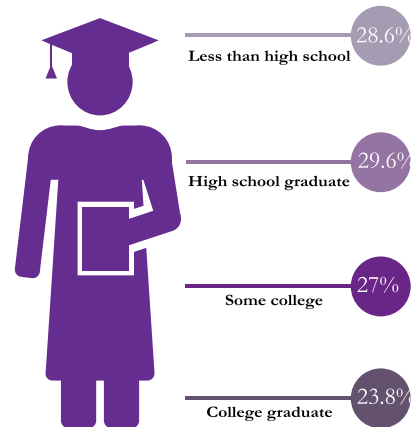
18-24 suppressed, RSE>30

District adults whose household is not prepared
for a large-scale disaster or emergency
by race/ethnicity, DC BRFSS 2015

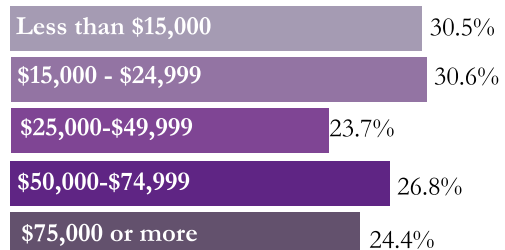


Hispanic suppressed, RSE>30

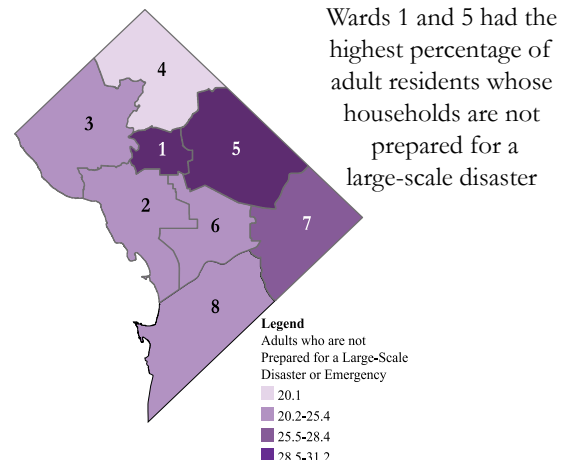
District adults whose household is not prepared
for a large-scale disaster or emergency
by education, DC BRFSS 2015



District adults whose household is not prepared
for a large-scale disaster or emergency
by income, DC BRFSS 2015



District adults whose household is not prepared
for a large-scale disaster or emergency
by ward, DC BRFSS 2015



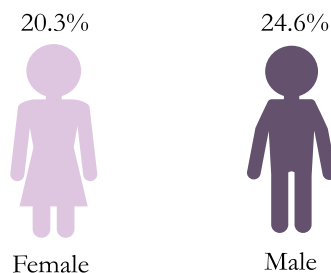
Traumatic Brain Injury

22.3%

Suffered a Head Injury
Aged 18 Years and Older

According to CDC, traumatic brain injury (TBI) is defined as a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.⁵¹ An estimated 1.6-3.8 million sports and recreation-related concussions occur in the U.S. each year.⁵² Concussions can have serious and long-term health effects despite the individual appearing to be fine after a mild hit or bump on the head.⁵³

District adults who suffered a head injury
by gender, DC BRFSS 2015

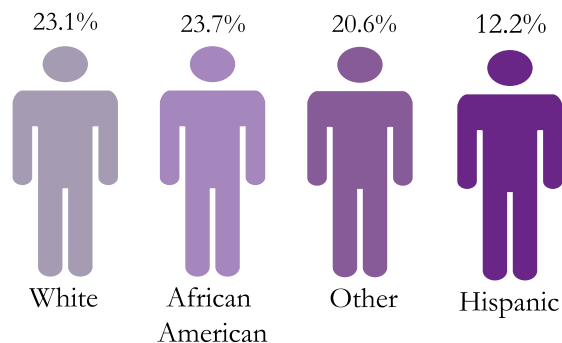


District adults who suffered a head injury
by age, DC BRFSS 2015

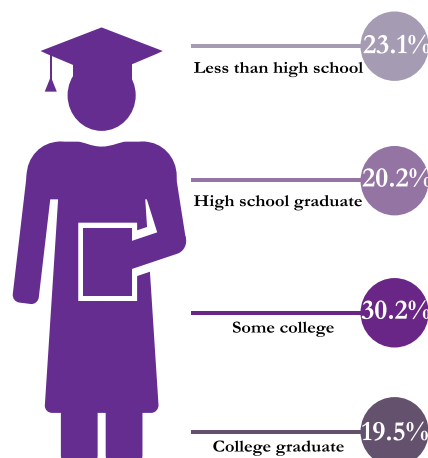


18-24 suppressed, RSE>30

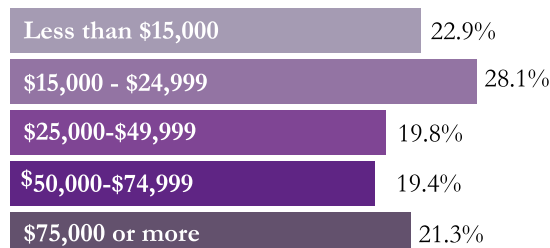
District adults who suffered a head injury
by race/ethnicity, DC BRFSS 2015



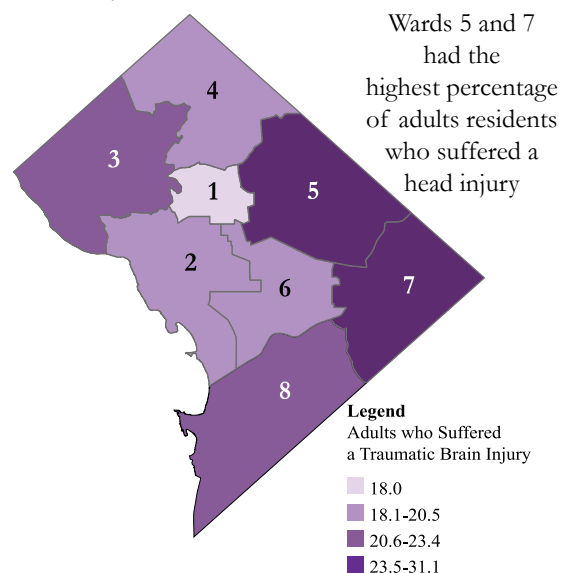
District adults who suffered a head injury
by education, DC BRFSS 2015



District adults who suffered a head injury
by income, DC BRFSS 2015



District adults who suffered a head injury
by ward, DC BRFSS 2015



APPENDIX

Healthy Days - Health Related Quality of Life

“Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”

	None		1-14 days		15-30 days		UW
	%	95% CI	%	95% CI	%	95% CI	
Total	66.1%	63.1%-69.0%	25.4%	22.8%-28.3%	8.5%	7.0%-10.2%	3893
Gender							
Male	69.8%	65.2%-74.0%	24.4%	20.5%-28.7%	5.9%	4.1%-8.2%	1530
Female	62.9%	58.8%-66.7%	26.4%	22.9%-30.2%	10.8%	8.6%-13.4%	2363
Age							
18-24	73.3%	61.8%-82.4%	23.2%	14.9%-34.1%	*	*	89
25-34	67.9%	60.4%-74.5%	27.7%	21.5%-34.9%	*	*	273
35-44	70.0%	63.1%-76.1%	24.2%	18.7%-30.7%	5.9%	3.2%-10.4%	438
45-54	64.0%	57.5%-70.1%	24.6%	19.6%-30.5%	11.4%	7.5%-16.9%	576
55-64	56.2%	50.5%-61.7%	27.5%	22.5%-33.2%	16.3%	12.6%-20.8%	875
65 or older	63.1%	59.4%-66.6%	23.3%	20.4%-26.6%	13.6%	11.3%-16.4%	1642
Race/Ethnicity							
White	65.9%	61.1%-70.4%	29.6%	25.3%-34.3%	4.5%	2.9%-6.7%	1659
African American	64.4%	60.1%-68.5%	22.8%	19.3%-26.6%	12.8%	10.2%-16.0%	1800
Other	67.4%	54.3%-78.2%	23.8%	14.3%-36.8%	8.8%	4.1%-17.9%	224
Hispanic	69.6%	56.2%-80.4%	25.3%	15.3%-38.9%	*	*	119
Education							
Less than high school	57.0%	46.3%-67.1%	25.2%	16.8%-35.9%	17.9%	11.8%-26.1%	214
High school graduate	66.2%	58.9%-72.8%	22.9%	17.3%-29.7%	11.0%	7.4%-15.9%	704
Some college	66.0%	58.5%-72.7%	22.3%	16.7%-29.1%	11.7%	7.8%-17.2%	561
College graduate	68.3%	64.4%-71.9%	27.9%	24.4%-31.7%	3.8%	2.9%-5.0%	2392
Income							
Less than \$15,000	53.0%	42.8%-62.9%	31.3%	22.3%-42.0%	15.7%	10.6%-22.8%	367
\$15,000-\$24,999	59.4%	49.1%-68.9%	22.9%	15.3%-32.9%	17.6%	11.5%-26.2%	375
\$25,000-\$49,999	65.9%	57.4%-73.5%	28.4%	21.2%-37.0%	5.7%	3.9%-8.2%	530
\$50,000-\$74,999	72.0%	62.4%-80.0%	24.0%	16.6%-33.4%	4.0%	1.7%-9.1%	370
\$75,000	68.7%	64.1%-72.9%	28.1%	24.0%-32.6%	3.3%	2.2%-4.8%	1536
Ward							
Ward 1	71.4%	61.4%-79.6%	23.5%	16.0%-33.2%	5.1%	2.8-9.0%	271
Ward 2	64.6%	52.0%-75.5%	30.6%	20.2%-43.3%	4.8%	2.5%-9.1%	270
Ward 3	64.8%	57.0%-71.8%	30.7%	23.9%-38.5%	4.5%	2.9%-6.9%	591
Ward 4	73.4%	65.9%-79.7%	16.0%	11.9%-21.0%	10.7%	6.2%-17.8%	538
Ward 5	67.1%	58.0%-75.1%	24.1%	16.8%-33.2%	8.8%	5.8%-13.2%	435
Ward 6	58.6%	49.7%-66.9%	31.4%	23.6%-40.3%	10.1%	6.5%-15.2%	420
Ward 7	59.5%	49.5%-68.8%	27.7%	19.4%-37.8%	12.8%	8.0%-19.9%	342
Ward 8	61.9%	52.3%-70.6%	24.8%	17.2%-34.3%	13.3%	8.6%-20.2%	378

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Healthy Days - Health Related Quality of Life

“Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?”

	None		1-14 days		15-30 days		UW
	%	95% CI	%	95% CI	%	95% CI	
Total	63.8%	60.6%-66.9%	26.4%	23.6%-29.4%	9.8%	8.1%-11.8%	3913
Gender							
Male	67.2%	62.2%-71.8%	24.9%	20.6%-29.8%	7.9%	5.7%-11.0%	1537
Female	60.8%	56.7%-64.8%	27.7%	24.1%-31.7%	11.4%	9.0%-14.4%	2376
Age							
18-24	49.9%	37.9%-62.0%	41.1%	29.8%-53.4%	*	*	91
25-34	57.4%	49.8%-64.6%	31.9%	25.3%-39.3%	10.7%	7.0%-16.2%	276
35-44	64.1%	57.0%-70.6%	26.6%	20.9%-33.1%	9.4%	5.8%-14.6%	438
45-54	62.3%	55.6%-68.5%	26.7%	21.1%-33.2%	11.0%	7.6%-15.8%	576
55-64	73.1%	68.3%-77.4%	16.7%	13.5%-20.4%	10.2%	7.4%-14.0%	866
65 or older	80.9%	78.0%-83.5%	11.6%	9.6%-13.9%	7.5%	5.8%-9.7%	1666
Race/Ethnicity							
White	58.0%	52.9%-63.0%	35.0%	30.2%-40.2%	7.0%	4.7%-10.2%	1654
African American	66.2%	61.6%-70.5%	20.2%	16.7%-24.2%	13.6%	10.6%-17.3%	1816
Other	71.9%	59.8%-81.5%	20.5%	12.3%-32.1%	7.6%	3.4%-16.0%	224
Hispanic	67.5%	54.1%-78.5%	27.1%	16.8%-40.5%	*	*	121
Education							
Less than high school	71.0%	60.8%-79.4%	14.9%	8.8%-24.2%	14.1%	8.5%-22.3%	222
High school graduate	63.8%	56.1%-70.9%	22.3%	16.4%-29.5%	13.9%	9.4%-20.1%	711
Some college	59.3%	51.3%-66.9%	28.3%	21.5%-36.3%	12.3%	8.0%-18.6%	565
College graduate	63.7%	59.5%-67.7%	30.0%	26.1%-34.1%	6.4%	4.7%-8.5%	2394
Income							
Less than \$15,000	59.1%	49.2%-68.3%	20.8%	14.4%-29.1%	20.1%	13.1%-29.4%	373
\$15,000-\$24,999	60.5%	50.1%-70.1%	20.8%	13.4%-31.0%	18.6%	11.9%-28.0%	383
\$25,000-\$49,999	68.1%	59.4%-75.7%	23.4%	16.9%-31.6%	8.5%	4.7%-14.9%	540
\$50,000-\$74,999	61.6%	50.6%-71.6%	32.1%	22.6%-43.4%	*	*	372
\$75,000	62.3%	57.2%-67.0%	32.5%	27.8%-37.5%	5.3%	3.6%-7.6%	1534
Ward							
Ward 1	63.0%	51.1%-73.6%	28.6%	18.9%-40.7%	*	*	276
Ward 2	59.5%	46.1%-71.5%	35.5%	23.8%-49.2%	*	*	269
Ward 3	70.2%	62.5%-76.9%	25.7%	19.2%-33.5%	4.1%	2.4%-6.7%	591
Ward 4	71.8%	62.6%-79.4%	18.9%	12.4%-27.7%	9.3%	5.2%-16.1%	533
Ward 5	73.6%	65.5%-80.4%	18.9%	12.9%-26.7%	7.5%	4.9%-11.5%	434
Ward 6	64.3%	55.2%-72.5%	26.4%	19.0%-35.4%	9.3%	5.1%-16.3%	425
Ward 7	57.6%	47.1%-67.4%	32.1%	22.6%-43.4%	10.3%	6.0%-17.2%	351
Ward 8	61.6%	52.4%-70.1%	19.1%	13.3%-26.6%	19.3%	12.8%-28.0%	382

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Healthy Days - Health Related Quality of Life

“During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?”

	None		1-14 days		15-30 days		UW
	%	95% CI	%	95% CI	%	95% CI	
Total	56.3%	51.9%-60.5%	31.8%	27.9%-35.9%	12.0%	9.6%-14.8%	1987
Gender							
Male	57.4%	50.4%-64.1%	32.7%	26.6%-39.6%	9.9%	6.8%-14.2%	707
Female	55.4%	50.0%-60.7%	31.0%	26.4%-36.1%	13.6%	10.4%-17.6%	1280
Age							
18-24	60.6%	45.2%-74.1%	28.5%	17.1%-43.4%	*	*	56
25-34	60.2%	50.3%-69.4%	34.1%	25.5%-43.9%	*	*	160
35-44	53.7%	43.8%-63.4%	33.4%	25.2%-42.8%	12.8%	7.4%-21.2%	235
45-54	54.9%	45.9%-63.6%	33.9%	26.2%-42.7%	11.2%	6.3%-19.0%	307
55-64	48.3%	40.5%-56.2%	32.8%	25.7%-40.7%	18.9%	14.0%-25.1%	444
65 or older	55.1%	49.6%-60.3%	24.4%	20.2%-29.1%	20.6%	16.2%-25.8%	785
Race/Ethnicity**							
White	58.5%	51.9%-64.9%	37.4%	31.2%-44.0%	4.0%	2.6%-6.3%	822
African American	52.6%	46.4%-58.7%	25.7%	20.8%-31.2%	21.7%	16.9%-27.4%	945
Other	59.4%	42.0%-74.8%	31.3%	18.0%-48.6%	*	*	116
Hispanic	56.2%	37.1%-73.6%	38.0%	21.5%-57.9%	*	*	60
Education**							
Less than high school	50.9%	37.5%-64.1%	24.7%	15.3%-37.3%	24.5%	15.1%-37.1%	123
High school graduate	62.4%	52.8%-71.1%	19.7%	13.9%-27.0%	18.0%	11.9%-26.2%	367
Some college	51.9%	41.6%-62.1%	30.4%	21.8%-40.8%	17.6%	11.1%-26.8%	331
College graduate	56.9%	51.1%-62.5%	38.5%	33.0%-44.3%	4.6%	3.3%-6.3%	1158
Income**							
Less than \$15,000	39.2%	27.8-51.9	37.5	26.0-50.6	23.3	14.8-34.7	239
\$15,000-\$34,999	53.7	43.2-63.9	28.2	19.5-38.8	18.1	12.2-26.1	353
\$35,000-\$49,999	75.3	61.4-85.4	20.5	11.2-34.5	*	*	140
\$50,000-\$74,000	58.3	44.2-71.2	37.9	25.6-51.9	*	*	189
\$75,000 or more	60.4	53.6-66.8	35.0	28.8-41.6	4.7	2.7-8.1	714
Ward							
Ward 1	59.9%	45.1%-73.1%	27.5%	17.2%-40.8%	*	*	144
Ward 2	52.8%	35.7%-69.3%	41.8%	26.2%-59.1%	*	*	129
Ward 3	55.4%	44.4%-65.9%	38.8%	28.7%-50.0%	5.8%	3.4%-9.9%	265
Ward 4	52.0%	39.2%-64.6%	24.2%	16.8%-33.4%	23.8%	13.8%-38.0%	255
Ward 5	61.1%	49.0%-72.0%	25.1%	15.8%-37.4%	13.8%	8.7%-21.1%	225
Ward 6	59.8%	48.8%-69.9%	32.5%	23.5%-43.0%	7.7%	3.9%-14.4%	229
Ward 7	59.4%	46.1%-71.5%	24.1%	15.0%-36.4%	16.5%	9.6%-26.7%	193
Ward 8	49.3%	37.3%-61.4%	31.9%	21.1%-45.0%	18.8%	11.2%-29.9%	214

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Health Status - Excellent, Very Good, Good, Fair or Poor

“Would you say that in general your health is, excellent, very good, good, fair or poor?”

	Good or Better		Fair or Poor		UW
	%	95% CI	%	95% CI	
Total	88.0%	86.0%-89.8%	12.0%	10.2%-14.0%	3986
Gender**					
Male	91.3%	88.6%-93.5%	8.7%	6.5%-11.4%	1559
Female	85.1%	82.1%-87.7%	14.9%	12.3%-17.9%	2427
Age**					
18-24	94.3%	83.5%-98.2%	*	*	90
25-34	93.5%	88.5%-96.4%	6.5%	3.6%-11.5%	277
35-44	92.5%	87.9%-95.4%	7.5%	4.6%-12.1%	441
45-54	87.7%	81.9%-91.8%	12.3%	8.2%-18.1%	582
55-64	76.3%	70.4%-81.3%	23.7%	18.7%-29.6%	886
65 or older	78.0%	74.6%-81.1%	22.0%	18.9%-25.4%	1710
Race/Ethnicity**					
White	96.1%	93.8%-97.5%	3.9%	2.5%-6.2%	1674
African American	80.5%	77.0%-83.6%	19.5%	16.4%-23.0%	1860
Other	90.9%	84.0%-95.0%	9.1%	5.0%-16.0%	232
Hispanic	86.9%	74.3%-93.8%	*	*	121
Education**					
Less than high school	62.6%	52.3%-71.8%	37.4%	28.2%-47.7%	235
High school graduate	84.6%	79.8%-88.4%	15.4%	11.6%-20.2%	731
Some college	87.0%	81.4%-91.1%	13.0%	8.9%-18.6%	578
College graduate	95.3%	93.9%-96.4%	4.7%	3.6%-6.1%	2420
Income**					
Less than \$15,000	78.5%	70.4%-84.8%	21.5%	15.2%-29.6%	386
\$15,000-\$24,999	80.0%	72.2%-86.1%	20.0%	13.9%-27.8%	387
\$25,000-\$49,999	84.9%	78.3%-89.8%	15.1%	10.2%-21.7%	545
\$50,000-\$74,999	87.7%	78.9%-93.2%	12.3%	6.8%-21.1%	375
\$75,000	97.0%	95.5%-98.0%	3.0%	2.0%-4.5%	1544
Ward**					
Ward 1	89.2%	78.0%-95.1%	10.8%	4.9%-22.0%	277
Ward 2	94.2%	90.4%-96.6%	5.8%	3.4%-9.6%	274
Ward 3	96.5%	94.8%-97.7%	3.5%	2.3%-5.2%	598
Ward 4	85.5%	78.4%-90.5%	14.5%	9.5%-21.6%	547
Ward 5	87.1%	81.8%-91.1%	12.9%	8.9%-18.2%	446
Ward 6	88.6%	82.8%-92.6%	11.4%	7.4%-17.2%	430
Ward 7	80.2%	72.8%-86.0%	19.8%	14.0%-27.2%	355
Ward 8	75.8%	67.1%-82.8%	24.2%	17.2%-32.9%	393

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Health Care Access - Coverage

“Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	94.0%	92.0%-95.5%	6.0%	4.5%-8.0%	3982
Gender					
Male	92.5%	88.7%-95.0%	7.5%	5.0%-11.3%	1554
Female	95.3%	93.0%-96.9%	4.7%	3.1%-7.0%	2428
Age					
18-24	93.1%	81.3%-97.7%	*	*	88
25-34	93.2%	87.9%-96.3%	*	*	277
35-44	90.9%	84.6%-94.8%	9.1%	5.2%-15.4%	440
45-54	95.3%	90.8%-97.7%	*	*	582
55-64	94.6%	91.7%-96.5%	5.4%	3.5%-8.3%	886
65 or older	97.9%	96.6%-98.7%	2.1%	1.3%-3.4%	1709
Race/Ethnicity					
White	96.8%	93.5%-98.5%	*	*	1672
African American	93.0%	90.0%-95.2%	7.0%	4.8%-10.0%	1861
Other	84.6%	69.7%-92.9%	*	*	230
Hispanic	95.3%	85.4%-98.6%	*	*	121
Education					
Less than high school	92.4%	83.7%-96.7%	*	*	236
High school graduate	89.0%	82.3%-93.4%	11.0%	6.6%-17.7%	727
Some college	94.0%	88.7%-96.9%	*	*	579
College graduate	96.1%	93.5%- 97.7%	3.9%	2.3%-6.5%	2419
Income					
Less than \$15,000	91.2%	83.1%-95.6%	8.8%	4.4%-16.9%	385
\$15,000-\$24,999	93.4%	85.4%-97.2%	*	*	387
\$25,000-\$49,999	90.1%	82.1%-94.7%	9.9%	5.3%-17.9%	546
\$50,000-\$74,999	93.8%	84.4%-97.7%	*	*	374
\$75,000	97.0%	93.9%-98.6%	*	*	1543
Ward					
Ward 1	94.2%	82.8%-98.2%	*	*	276
Ward 2	94.1%	78.7%-98.6%	*	*	274
Ward 3	99.6%	98.8%-99.8%	*	*	600
Ward 4	94.2%	85.7%-97.8%	*	*	546
Ward 5	90.6%	78.3%-96.3%	*	*	445
Ward 6	96.7%	91.1%-98.8%	*	*	430
Ward 7	93.3%	86.2%-96.9%	*	*	355
Ward 8	89.3%	81.2%-94.1%	10.7%	5.9%-18.8%	394

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Health Care Access - Cost

“Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	8.8%	7.1%-11.0%	91.2%	89.0%-92.9%	3982
Gender					
Male	9.3%	6.6%-12.9%	90.7%	87.1%-93.4%	1559
Female	8.4%	6.3%-11.3%	91.6%	88.7%-93.7%	2423
Age					
18-24	*	*	93.4%	82.5%-97.7%	91
25-34	11.4%	7.3%-17.3%	88.6%	82.7%-92.7%	276
35-44	8.8%	5.0%-14.9%	91.2%	85.1%-95.0%	440
45-54	9.4%	5.8%-14.8%	90.6%	85.2%-94.2%	581
55-64	8.4%	5.9%-11.8%	91.6%	88.2%-94.1%	886
65 or older	5.9%	4.3%-8.1%	94.1%	91.9%-95.7%	1708
Race/Ethnicity					
White	5.6%	3.6%-8.6%	94.4%	91.4%-96.4%	1676
African American	11.6%	8.7%-15.3%	88.4%	84.7%-91.3%	1858
Other	*	*	88.6%	74.8%-95.3%	231
Hispanic	*	*	91.2%	81.4%-96.1%	120
Education**					
Less than high school	16.9%	10.2%-26.6%	83.1%	73.4%-89.8%	233
High school graduate	11.2%	7.2%-17.0%	88.8%	83.0%-92.8%	729
Some college	11.2%	6.8%-17.7%	88.8%	82.3%-93.2%	578
College graduate	5.4%	3.6%-7.9%	94.6%	92.1%-96.4%	2420
Income**					
Less than \$15,000	13.2%	7.4%-22.5%	86.8%	77.5%-92.6%	386
\$15,000-\$24,999	18.4%	11.3%-28.4%	81.6%	71.6%-88.7%	384
\$25,000-\$49,999	11.1%	6.7%-17.9%	88.9%	82.1%-93.3%	544
\$50,000-\$74,999	*	*	93.2%	86.0%-96.8%	374
\$75,000	4.0%	2.4%-6.6%	96.0%	93.4%-97.6%	1544
Ward					
Ward 1	*	*	94.4%	86.3%-97.8%	275
Ward 2	*	*	97.9%	95.1%-99.1%	274
Ward 3	*	*	94.5%	81.3%-98.6%	600
Ward 4	5.9%	3.0%-11.2%	94.1%	88.8%-97.0%	547
Ward 5	7.9%	3.6%-16.3%	92.1%	83.7%-96.4%	446
Ward 6	*	*	91.5%	84.6%-95.5%	428
Ward 7	13.7%	7.6%-23.6%	86.3%	76.4%-92.4%	355
Ward 8	16.8%	10.3%-26.2%	83.2%	73.8%-89.7%	392

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Hypertension Screening - High Blood Pressure

“Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?”



	No		Yes		UW
	%	95% CI	%	95% CI	
Total	70.6%	68.0%-73.1%	29.4%	26.9%-32.0%	3983
Gender					
Male	70.3%	66.0%-74.2%	29.7%	25.8%-34.0%	1553
Female	70.9%	67.5%-74.0%	29.1%	26.0%-32.5%	2430
Age**					
18-39	85.9%	81.6%-89.4%	14.1%	10.6%-18.4%	579
40-64	64.3%	60.4%-68.1%	35.7%	31.9%-39.6%	1597
65 and older	34.7%	31.5%-38.0%	65.3%	62.0%-68.5%	1711
Race/Ethnicity**					
White	82.1%	78.5%-85.2%	17.9%	14.8%-21.5%	1672
African American	56.3%	52.0%-60.5%	43.7%	39.5%-48.0%	1860
Other	77.8%	67.9%-85.3%	22.2%	14.7%-32.1%	230
Hispanic	81.7%	69.6%-89.7%	18.3%	10.3%-30.4%	121
Education**					
Less than high school	45.8%	35.7%-56.3%	54.2%	43.7%-64.3%	236
High school graduate	64.1%	57.4%-70.4%	35.9%	29.6%-42.6%	732
Some college	67.8%	61.1%-73.8%	32.2%	26.2%-38.9%	578
College graduate	79.5%	76.5%-82.3%	20.5%	17.7%-23.5%	2415
Income**					
Less than \$15,000	52.6%	42.9%-62.1%	47.4%	37.9%-57.1%	385
\$15,000-\$24,999	52.0%	42.0%-61.9%	48.0%	38.1%-58.0%	389
\$25,000-\$49,999	71.0%	64.2%-76.9%	29.0%	23.1%-35.8%	545
\$50,000-\$74,999	77.0%	69.0%-83.4%	23.0%	16.6%-31.0%	375
\$75,000	79.9%	76.3%-83.1%	20.1%	16.9%-23.7%	1542
Ward**					
Ward 1	71.0%	60.2%-79.8%	29.0%	20.2%-39.8%	278
Ward 2	71.7%	60.6%-80.7%	28.3%	19.3%-39.4%	272
Ward 3	80.3%	75.7%-84.1%	19.7%	15.9%-24.3%	598
Ward 4	72.0%	65.0%-78.1%	28.0%	21.9%-35.0%	547
Ward 5	60.5%	51.7%-68.7%	39.5%	31.3%-48.3%	446
Ward 6	67.0%	59.2%-74.0%	33.0%	26.0%-40.8%	430
Ward 7	49.4%	39.6%-59.2%	50.6%	40.8%-60.4%	355
Ward 8	57.8%	48.7%-66.3%	42.2%	33.7%-51.3%	393

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Cholesterol Screening - High Cholesterol

Calculated Variable - Adults who have had their cholesterol checked and have been told by a doctor, nurse or other health professional that it was high.

	No		Yes		UW
	%	95% CI	%	95% CI	
Total	68.7%	65.8%-71.5%	31.3%	28.5%-34.2%	3629
Gender					
Male	69.4%	64.9%-73.5%	30.6%	26.5%-35.1%	1398
Female	68.1%	64.3%-71.7%	31.9%	28.3%-35.7%	2231
Age**					
18-39	83.1%	77.9%-87.3%	16.9%	12.7%-22.1%	454
40-64	62.2%	58.0%-66.3%	37.8%	33.7%-42.0%	1488
65 and older	47.8%	44.0%-51.6%	52.2%	48.4%-56.0%	1604
Race/Ethnicity					
White	70.9%	66.6%-74.9%	29.1%	25.1%-33.4%	1585
African American	64.9%	60.6%-69.0%	35.1%	31.0%-39.4%	1666
Other	64.4%	49.7%-76.8%	35.6%	23.2%-50.3%	192
Hispanic	79.7%	67.0%-88.4%	20.3%	11.6%-33.0%	100
Education					
Less than high school	58.2%	47.6%-68.2%	41.8%	31.8%-52.4%	198
High school graduate	65.7%	58.5%-72.2%	34.3%	27.8%-41.5%	634
Some college	66.7%	58.9%-73.7%	33.3%	26.3%-41.1%	515
College graduate	73.0%	69.5%-76.2%	27.0%	23.8%-30.5%	2266
Income					
Less than \$15,000	59.9%	49.4%-69.5%	40.1%	30.5%-50.6%	329
\$15,000-\$24,999	62.4%	52.3%-71.6%	37.6%	28.4%-47.7%	353
\$25,000-\$49,999	69.0%	60.8%-76.1%	31.0%	23.9%-39.2%	497
\$50,000-\$74,999	67.1%	56.4%-76.3%	32.9%	23.7%-43.6%	343
\$75,000	73.1%	69.1%-76.9%	26.9%	23.1%-30.9%	1465
Ward					
Ward 1	71.3%	61.2%-79.7%	28.7%	20.3%-38.8%	253
Ward 2	72.7%	61.5%-81.6%	27.3%	18.4%-38.5%	261
Ward 3	67.5%	60.8%-73.5%	32.5%	26.5%-39.2%	565
Ward 4	71.6%	64.2%-78.0%	28.4%	22.0%-35.8%	509
Ward 5	70.0%	62.0%-76.9%	30.0%	23.1%-38.0%	408
Ward 6	63.3%	54.8%-71.1%	36.7%	28.9%-45.2%	400
Ward 7	65.9%	56.3%-74.4%	34.1%	25.6%-43.7%	320
Ward 8	63.0%	53.2%-71.9%	37.0%	28.1%-46.8%	347

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Heart Attack

“Has a doctor, nurse or other health professional ever told you that you had a heart attack, also called a myocardial infarction?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	2.9%	2.1%-4.0%	97.1%	96.0%-97.9%	3969
Gender					
Male	3.8%	2.4%-6.0%	96.2%	94.0%-97.6%	1548
Female	2.1%	1.5%-3.0%	97.9%	97.0%-98.5%	2421
Age					
18-39	*	*	98.7%	96.1%-99.6%	576
40-64	2.4%	1.5%-3.9%	97.6%	96.1%-98.5%	1599
65 and older	9.6%	7.2%-12.7%	90.4%	87.3%-92.8%	1697
Race/Ethnicity					
White	0.7%	0.5%-1.0%	99.3%	99.0%-99.5%	1672
African American	4.3%	3.1%-5.9%	95.7%	94.1%-96.9%	1848
Other	*	*	98.2%	95.2%-99.3%	230
Hispanic	*	*	94.3%	80.3%-98.5%	120
Education**					
Less than high school	9.4%	4.9%-17.4%	90.6%	82.6%-95.1%	232
High school graduate	6.0%	3.6%-9.8%	94.0%	90.2%-96.4%	723
Some college	1.3%	0.8%-2.0%	98.7%	98.0%-99.2%	576
College graduate	1.0%	0.7%-1.6%	99.0%	98.4%-99.3%	2416
Income**					
Less than \$15,000	5.6%	3.1%-10.1%	94.4%	89.9%-96.9%	381
\$15,000-\$24,999	8.3%	3.9%-16.8%	91.7%	83.2%-96.1%	387
\$25,000-\$49,999	4.0%	1.9%-8.5%	96.0%	91.5%-98.1%	542
\$50,000-\$74,999	*	*	99.5%	98.9%-99.8%	375
\$75,000	0.8%	0.5%-1.5%	99.2%	98.5%-99.5%	1543
Ward					
Ward 1	*	*	98.5%	97.2%-99.1%	276
Ward 2	*	*	98.4%	96.1%-99.3%	274
Ward 3	*	*	98.6%	97.5%-99.2%	599
Ward 4	*	*	97.4%	94.8%-98.7%	546
Ward 5	*	*	94.6%	90.0%-97.2%	442
Ward 6	*	*	96.2%	91.9%-98.3%	425
Ward 7	*	*	95.0%	90.9%-97.3%	354
Ward 8	*	*	97.3%	93.9%-98.8%	390

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Heart Disease

“Has a doctor, nurse or other health professional ever told you that you have angina or coronary heart disease?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	2.6%	2.1%-3.4%	97.4%	96.6%-97.9%	3956
Gender					
Male	3.3%	2.3%-4.7%	96.7%	95.3%-97.7%	1549
Female	2.0%	1.5%-2.8%	98.0%	97.2%-98.5%	2407
Age**					
18-39	*	*	99.8%	99.1%-100.0%	577
40-64	3.3%	2.1%-5.1%	96.7%	94.9%-97.9%	1596
65 and older	9.6%	7.4%-12.4%	90.4%	87.6%-92.6%	1688
Race/Ethnicity**					
White	1.3%	1.0%-1.7%	98.7%	98.3%-99.0%	1670
African American	4.1%	3.0%-5.6%	95.9%	94.4%-97.0%	1837
Other	*	*	98.5%	95.3%-99.5%	230
Hispanic	*	*	98.3%	91.4%-99.7%	120
Education**					
Less than high school	6.8%	3.8%-11.9%	93.2%	88.1%-96.2%	231
High school graduate	3.1%	1.8%-5.3%	96.9%	94.7%-98.2%	718
Some college	2.3%	1.4%-3.7%	97.7%	96.3%-98.6%	572
College graduate	1.7%	1.2%-2.5%	98.3%	97.5%-98.8%	2413
Income**					
Less than \$15,000	4.0%	1.9%-8.2%	96.0%	91.8%-98.1%	380
\$15,000-\$24,999	5.5%	2.9%-10.1%	94.5%	89.9%-97.1%	385
\$25,000-\$49,999	3.6%	1.8%-6.7%	96.4%	93.3%-98.2%	538
\$50,000-\$74,999	*	*	98.6%	96.1%-99.5%	374
\$75,000	1.4%	1.0%-1.9%	98.6%	98.1%-99.0%	1542
Ward					
Ward 1	1.9%	1.1%-3.3%	98.1%	96.7%-98.9%	278
Ward 2	*	*	95.3%	87.3%-98.4%	273
Ward 3	2.3%	1.5%-3.6%	97.7%	96.4%-98.5%	599
Ward 4	4.4%	2.6%-7.4%	95.6%	92.6%-97.4%	544
Ward 5	*	*	96.6%	93.1%-98.3%	435
Ward 6	3.6%	1.6%-7.7%	96.4%	92.3%-98.4%	428
Ward 7	*	*	95.6%	91.5%-97.7%	354
Ward 8	*	*	96.3%	92.3%-98.3%	384

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Cognitive Decline - Confusion or Memory Loss

“Have you every experienced confusion or memory loss that is happening more often or is getting worse?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	12.0%	9.7%-14.8%	88.0%	85.2%-90.3%	2714
Gender					
Male	11.9%	8.3%-16.8%	88.1%	83.2%-91.7%	1039
Female	12.1%	9.3%-15.6%	87.9%	84.4%-90.7%	1675
Age					
45-64	12.8%	9.4%-17.2%	87.2%	82.8%-90.6%	1189
65+	12.0%	9.7%-14.9%	88.0%	85.1%-90.3%	1447
Race/Ethnicity					
White	10.0%	7.7%-12.9%	90.0%	87.1%-92.3%	1177
African American	13.9%	10.2%-18.7%	86.1%	81.3%-89.8%	1281
Other	*	*	93.2%	87.3%-96.5%	134
Hispanic	*	*	93.7%	84.4%-97.6%	50
Education					
Less than high school	17.8%	10.3%-28.8%	82.2%	71.2%-89.7%	169
High school graduate	14.0%	9.6%-20.1%	86.0%	79.9%-90.4%	467
Some college	14.6%	8.6%-23.7%	85.4%	76.3%-91.4%	398
College graduate	7.7%	6.2%-9.6%	92.3%	90.4%-93.8%	1670
Income					
Less than \$15,000	13.9%	8.5%-21.9%	86.1%	78.1%-91.5%	264
\$15,000-\$24,999	30.9%	19.7%-44.9%	69.1%	55.1%-80.3%	279
\$25,000-\$49,999	10.2%	5.8%-17.3%	89.8%	82.7%-94.2%	388
\$50,000-\$74,999	12.0%	7.0%-19.8%	88.0%	80.2%-93.0%	256
\$75,000+	5.9%	4.4%-7.8%	94.1%	92.2%-95.6%	1044
Ward					
Ward 1	7.7%	4.4%-13.2%	92.3%	86.8%-95.6%	193
Ward 2	5.7%	3.4%-9.5%	94.3%	90.5%-96.6%	196
Ward 3	9.4%	6.6%-13.2%	90.6%	86.8%-93.4%	482
Ward 4	10.1%	6.2%-16.0%	89.9%	84.0%-93.8%	413
Ward 5	9.3%	4.9%-17.0%	90.7%	83.0%-95.1%	302
Ward 6	13.4%	7.5%-22.9%	86.6%	77.1%-92.5%	309
Ward 7	13.0%	6.7%-23.6%	87.0%	76.4%-93.3%	252
Ward 8	24.7%	14.3%-39.1%	75.3%	60.9%-85.7%	240

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Current Asthma

Calculated Variable - Adults who have been told they currently have asthma and adults who still have asthma



	No		Yes		UW
	%	95% CI	%	95% CI	
Total	89.4%	87.4%-91.1%	10.6%	8.9%-12.6%	3957
Gender**					
Male	92.5%	89.8%-94.6%	7.5%	5.4%-10.2%	1546
Female	86.8%	83.8%-89.3%	13.2%	10.7%-16.2%	2411
Age					
18-24	86.6%	76.8%-92.6%	*	*	89
25-34	90.0%	84.9%-93.5%	10.0%	6.5%-15.1%	274
35-44	92.1%	88.1%-94.8%	7.9%	5.2%-11.9%	437
45-54	87.7%	81.8%-91.8%	12.3%	8.2%-18.2%	577
55-64	88.7%	84.9%-91.6%	11.3%	8.4%-15.1%	879
65 or older	89.9%	87.4%-92.0%	10.1%	8.0%-12.6%	1701
Race/Ethnicity**					
White	93.5%	90.8%-95.5%	6.5%	4.5%-9.2%	1669
African American	83.6%	79.8%-86.8%	16.4%	13.2%-20.2%	1843
Other	95.0%	91.2%-97.2%	5.0%	2.8%-8.8%	224
Hispanic	94.0%	85.5%-97.7%	*	*	121
Education					
Less than high school	84.5%	76.6%-90.1%	15.5%	9.9%-23.4%	233
High school graduate	86.4%	81.0%-90.5%	13.6%	9.5%-19.0%	724
Some college	87.5%	81.6%-91.7%	12.5%	8.3%-18.4%	571
College graduate	92.3%	89.9%-94.2%	7.7%	5.8%-10.1%	2407
Income**					
Less than \$15,000	82.6%	75.0%-88.2%	17.4%	11.8%-25.0%	380
\$15,000-\$24,999	81.7%	72.3%-88.5%	18.3%	11.5%-27.7%	386
\$25,000-\$49,999	91.4%	85.9%-94.8%	8.6%	5.2%-14.1%	541
\$50,000-\$74,999	94.5%	89.2%-97.3%	5.5%	2.7%-10.8%	370
\$75,000	92.9%	90.1%-95.0%	7.1%	5.0%-9.9%	1541
Ward**					
Ward 1	97.5%	95.4%-98.7%	*	*	278
Ward 2	94.5%	90.5%-96.9%	5.5%	3.1%-9.5%	270
Ward 3	89.4%	80.9%-94.4%	10.6%	5.6%-19.1%	596
Ward 4	90.1%	84.6%-93.8%	9.9%	6.2%-15.4%	543
Ward 5	93.9%	91.1%-95.9%	6.1%	4.1%-8.9%	446
Ward 6	84.7%	75.2%-91.1%	15.3%	8.9%-24.8%	429
Ward 7	88.3%	80.8%-93.1%	11.7%	6.9%-19.2%	351
Ward 8	76.6%	68.1%-83.4%	23.4%	16.6%-31.9%	387

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Asthma

Calculated Variable - Computed asthma status

	Current		Former		Never		UW
	%	95% CI	%	95% CI	%	95% CI	
Total	10.6%	8.9%-12.6%	6.0%	4.5%-7.9%	83.5%	80.9%-85.7%	3957
Gender							
Male	7.5%	5.4%-10.2%	6.9%	4.5%-10.6%	85.6%	81.6%-88.8%	1546
Female	13.2%	10.7%-16.2%	5.1%	3.5%-7.4%	81.6%	78.2%-84.6%	2411
Age							
18-24	*	*	*	*	74.1	61.8%-83.5%	89
25-34	10.0	6.5%-15.1%	*	*	84.8	78.9%-89.3%	274
35-44	7.9	5.2%-11.9%	*	*	84.4	78.2%-89.1%	437
45-54	12.3	8.2%-18.2%	5.1	3.0%-8.4%	82.6	76.6%-87.3%	577
55-64	11.3	8.4%-15.1%	3.0	1.7%-5.5%	85.6	81.5%-89.0%	879
65+	10.1	8.0%-12.6%	3.9	2.8%-5.3%	86.0	83.3%-88.4%	1701
Race/Ethnicity**							
White	6.5%	4.5%-9.2%	4.7%	3.0%-7.3%	88.8%	85.4%-91.5%	1669
African American	16.4%	13.2%-20.2%	6.1%	3.9%-9.4%	77.5%	73.2%-81.3%	1843
Other	5.0%	2.8%-8.8%	*	*	93.0%	88.5%-95.9%	224
Hispanic	*	*	*	*	78.5%	65.2%-87.6%	121
Education							
Less than high school	15.5%	9.9%-23.4%	*	*	79.4%	70.2%-86.2%	233
High school graduate	13.6%	9.5%-19.0%	6.3%	3.1%-12.6%	80.1%	73.3%-85.5%	724
Some college	12.5%	8.3%-18.4%	8.6%	4.7%-15.3%	78.9%	71.5%-84.8%	571
College graduate	7.7%	5.8%-10.1%	5.1%	3.5%-7.3%	87.3%	84.2%-89.8%	2407
Income**							
Less than \$15,000	17.4%	11.8%-25.0%	*	*	81.2%	73.6%-87.0%	380
\$15,000-\$24,999	18.3%	11.5%-27.7%	9.2%	4.1%-19.1%	72.6%	62.0%-81.1%	386
\$25,000-\$49,999	8.6%	5.2%-14.1%	5.3%	2.2%-12.2%	86.0%	78.8%-91.1%	541
\$50,000-\$74,999	5.5%	2.7%-10.8%	*	*	86.2%	76.0%-92.4%	370
\$75,000	7.1%	5.0%-9.9%	6.8%	4.5%-10.1%	86.1%	82.2%-89.3%	1541
Ward**							
Ward 1	*	*	*	*	90.8%	81.8%-95.5%	278
Ward 2	5.5%	3.1%-9.5%	*	*	87.3%	77.1%-93.4%	270
Ward 3	10.6%	5.6%-19.1%	*	*	84.5%	75.5%-90.6%	596
Ward 4	9.9%	6.2%-15.4%	5.4%	2.0%-13.8%	84.7%	76.9%-90.2%	543
Ward 5	6.1%	4.1%-8.9%	9.8%	4.4%-20.3%	84.1%	75.1%-90.3%	446
Ward 6	15.3%	8.9%-24.8%	4.9%	2.7%-8.9%	79.8%	70.6%-86.7%	429
Ward 7	11.7%	6.9%-19.2%	*	*	85.1%	77.2%-90.6%	351
Ward 8	23.4%	16.6%-31.9%	*	*	70.1%	61.0%-77.9%	387

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Skin Cancer

“Has a doctor, nurse or other health professional ever told you that you have skin cancer?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	3.5%	2.7%-4.6%	96.5%	95.4%-97.3%	3980
Gender					
Male	4.4%	3.0%-6.5%	95.6%	93.5%-97.0%	1554
Female	2.7%	2.1%-3.6%	97.3%	96.4%-97.9%	2426
Age**					
18-39	*	*	98.3%	95.7%-99.4%	579
40-64	3.0%	2.1%-4.3%	97.0%	95.7%-97.9%	1601
65 and older	10.7%	9.1%-12.5%	89.3%	87.5%-90.9%	1704
Race/Ethnicity**					
White	7.7%	5.9%-9.9%	92.3%	90.1%-94.1%	1671
African American	*	*	99.3%	97.0%-99.8%	1858
Other	*	*	99.7%	99.3%-99.9%	232
Hispanic	*	*	97.5%	91.5%-99.3%	120
Education**					
Less than high school	*	*	99.8%	98.6%-100.0%	232
High school graduate	*	*	98.4%	93.4%-99.6%	731
Some college	2.0%	1.2%-3.4%	98.0%	96.6%-98.8%	579
College graduate	5.6%	4.2%-7.3%	94.4%	92.7%-95.8%	2416
Income**					
Less than \$15,000	*	*	98.6%	93.6%-99.7%	384
\$15,000-\$24,999	*	*	99.6%	99.1%-99.9%	388
\$25,000-\$49,999	3.2%	1.4%-7.0%	96.8%	93.0%-98.6%	544
\$50,000-\$74,999	2.6%	1.4%-4.7%	97.4%	95.3%-98.6%	373
\$75,000	5.5%	3.9%-7.6%	94.5%	92.4%-96.1%	1542
Ward**					
Ward 1	6.9%	2.3%-19.3%	93.1%	80.7%-97.7%	277
Ward 2	8.6%	4.6%-15.5%	91.4%	84.5%-95.4%	272
Ward 3	12.6%	9.7%-16.2%	87.4%	83.8%-90.3%	599
Ward 4	2.8%	1.7%-4.6%	97.2%	95.4%-98.3%	547
Ward 5	*	*	98.6%	97.4%-99.3%	446
Ward 6	5.3%	2.0%-12.9%	94.7%	87.1%-98.0%	428
Ward 7	*	*	99.6%	98.8%-99.9%	356
Ward 8	*	*	99.8%	99.4%-99.9%	391

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Other Types of Cancer

“Has a doctor, nurse or other health professional ever told you that you had other types of cancer?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	5.5%	4.5%-6.7%	94.5%	93.3%-95.5%	3980
Gender					
Male	4.1%	2.9%-5.8%	95.9%	94.2%-97.1%	1554
Female	6.7%	5.2%-8.6%	93.3%	91.4%-94.8%	2426
Age**					
18-39	*	*	98.8%	97.0%-99.5%	576
40-64	7.4%	5.3%-10.4%	92.6%	89.6%-94.7%	1600
65 and older	15.2%	13.1%-17.6%	84.8%	82.4%-86.9%	1708
Race/Ethnicity					
White	5.6%	4.2%-7.5%	94.4%	92.5%-95.8%	1671
African American	5.2%	4.1%-6.7%	94.8%	93.3%-95.9%	1860
Other	*	*	95.0%	87.0%-98.2%	229
Hispanic	*	*	95.6%	85.2%-98.8%	120
Education					
Less than high school	10.3%	5.9%-17.3%	89.7%	82.7%-94.1%	235
High school graduate	3.9%	2.5%-6.1%	96.1%	93.9%-97.5%	731
Some college	5.5%	3.1%-9.8%	94.5%	90.2%-96.9%	576
College graduate	4.9%	3.9%-6.2%	95.1%	93.8%-96.1%	2417
Income					
Less than \$15,000	7.2%	4.1%-12.2%	92.8%	87.8%-95.9%	387
\$15,000-\$24,999	7.1%	3.3%-14.6%	92.9%	85.4%-96.7%	387
\$25,000-\$49,999	5.6%	2.8%-10.9%	94.4%	89.1%-97.2%	545
\$50,000-\$74,999	3.7%	2.3%-5.9%	96.3%	94.1%-97.7%	375
\$75,000	4.9%	3.7%-6.4%	95.1%	93.6%-96.3%	1540
Ward					
Ward 1	5.5%	3.5%-8.5%	94.5%	91.5%-96.5%	278
Ward 2	6.5%	4.3%-9.7%	93.5%	90.3%-95.7%	272
Ward 3	6.8%	5.1%-9.0%	93.2%	91.0%-94.9%	599
Ward 4	5.6%	3.8%-8.1%	94.4%	91.9%-96.2%	546
Ward 5	3.0%	1.6%-5.5%	97.0%	94.5%-98.4%	446
Ward 6	6.3%	4.1%-9.6%	93.7%	90.4%-95.9%	430
Ward 7	10.6%	4.9%-21.5%	89.4%	78.5%-95.1%	355
Ward 8	3.6%	2.1%-6.0%	96.4%	94.0%-97.9%	390

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - COPD

“Has a doctor, nurse or other health professional ever told you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	5.3%	4.3%-6.4%	94.7%	93.6%-95.7%	3972
Gender					
Male	4.1%	2.9%-5.7%	95.9%	94.3%-97.1%	1555
Female	6.3%	4.9%-8.0%	93.7%	92.0%-95.1%	2417
Age**					
18-39	*	*	99.1%	98.3%-99.6%	579
40-64	8.1%	6.0%-11.0%	91.9%	89.0%-94.0%	1595
65 and older	13.2%	10.6%-16.3%	86.8%	83.7%-89.4%	1701
Race/Ethnicity**					
White	2.4%	1.6%-3.5%	97.6%	96.5%-98.4%	1673
African American	8.3%	6.4%-10.6%	91.7%	89.4%-93.6%	1848
Other	6.0%	3.1%-11.3%	94.0%	88.7%-96.9%	230
Hispanic	*	*	98.2%	95.4%-99.3%	121
Education**					
Less than high school	15.0%	9.9%-21.9%	85.0%	78.1%-90.1%	233
High school graduate	7.0%	4.7%-10.4%	93.0%	89.6%-95.3%	728
Some college	7.0%	4.7%-10.5%	93.0%	89.5%-95.3%	575
College graduate	1.7%	1.2%-2.3%	98.3%	97.7%-98.8%	2414
Income**					
Less than \$15,000	8.8%	5.8%-13.2%	91.2%	86.8%-94.2%	383
\$15,000-\$24,999	10.0%	6.0%-16.3%	90.0%	83.7%-94.0%	388
\$25,000-\$49,999	5.9%	3.4%-10.0%	94.1%	90.0%-96.6%	543
\$50,000-\$74,999	*	*	97.5%	95.3%-98.7%	375
\$75,000	1.4%	1.0%-2.1%	98.6%	97.9%-99.0%	1542
Ward**					
Ward 1	*	*	95.9%	92.3%-97.8%	277
Ward 2	*	*	97.7%	95.9%-98.7%	274
Ward 3	*	*	98.4%	97.3%-99.1%	599
Ward 4	6.3%	4.0%-9.9%	93.7%	90.1%-96.0%	545
Ward 5	6.6%	4.2%-10.1%	93.4%	89.9%-95.8%	444
Ward 6	5.3%	2.9%-9.5%	94.7%	90.5%-97.1%	429
Ward 7	10.1%	5.8%-16.8%	89.9%	83.2%-94.2%	353
Ward 8	12.9%	8.1%-19.9%	87.1%	80.1%-91.9%	390

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,, Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Arthritis

Calculated Variable - Respondents who have had a doctor diagnose them as having some form of arthritis

	Diagnosed with arthritis		Not diagnosed with arthritis		UW
	%	95% CI	%	95% CI	
Total	18.5%	16.7%-20.4%	81.5%	79.6%-83.3%	3961
Gender**					
Male	14.7%	12.1%-17.8%	85.3%	82.2%-87.9%	1549
Female	21.8%	19.4%-24.5%	78.2%	75.5%-80.6%	2412
Age**					
18-39	4.7%	2.9%-7.4%	95.3%	92.6%-97.1%	579
40-64	24.0%	20.8%-27.4%	76.0%	72.6%-79.2%	1596
65 and older	50.1%	46.5%-53.8%	49.9%	46.2%-53.5%	1689
Race/Ethnicity**					
White	12.8%	10.7%-15.2%	87.2%	84.8%-89.3%	1665
African American	27.6%	24.2%-31.2%	72.4%	68.8%-75.8%	1849
Other	11.8%	7.3%-18.6%	88.2%	81.4%-92.7%	230
Hispanic	*	*	93.4%	87.1%-96.8%	120
Education**					
Less than high school	37.0%	28.7%-46.1%	63.0%	53.9%-71.3%	233
High school graduate	21.8%	17.5%-26.8%	78.2%	73.2%-82.5%	731
Some college	19.2%	14.6%-24.9%	80.8%	75.1%-85.4%	570
College graduate	13.0%	11.1%-15.1%	87.0%	84.9%-88.9%	2405
Income**					
Less than \$15,000	26.7%	20.2%-34.5%	73.3%	65.5%-79.8%	386
\$15,000-\$24,999	29.9%	22.5%-38.5%	70.1%	61.5%-77.5%	383
\$25,000-\$49,999	18.9%	14.6%-24.2%	81.1%	75.8%-85.4%	542
\$50,000-\$74,999	11.3%	7.4%-17.0%	88.7%	83.0%-92.6%	374
\$75,000	12.4%	10.2%-15.0%	87.6%	85.0%-89.8%	1537
Ward**					
Ward 1	16.4%	10.8%-24.0%	83.6%	76.0%-89.2%	276
Ward 2	13.7%	9.5%-19.3%	86.3%	80.7%-90.5%	271
Ward 3	19.5%	15.6%-24.2%	80.5%	75.8%-84.4%	592
Ward 4	19.8%	14.7%-26.1%	80.2%	73.9%-85.3%	545
Ward 5	22.7%	17.2%-29.3%	77.3%	70.7%-82.8%	442
Ward 6	20.9%	16.0%-26.7%	79.1%	73.3%-84.0%	427
Ward 7	38.1%	29.7%-47.2%	61.9%	52.8%-70.3%	355
Ward 8	27.3%	20.7%-35.0%	72.7%	65.0%-79.3%	389

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Arthritis - Social Activities

Calculated Variable - Arthritis limited social activities

	Told have arthritis and social activities limited a lot		Told have arthritis and social activities limited a little		Told have arthritis and social activities not limited		Not told they have arthritis		UW
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Total	4.2%	3.3%-5.3%	4.1%	3.2%-5.2%	8.3%	7.2%-9.6%	83.4%	81.5%-85.1%	3788
Gender**									
Male	2.2%	1.3%-3.6%	3.5%	2.1%-5.7%	7.3%	5.7%-9.4%	87.0%	84.0%-89.5%	1497
Female	6.0%	4.5%-7.8%	4.6%	3.6%-5.9%	9.2%	7.8%-10.9%	80.2%	77.6%-82.5%	2291
Age**									
18-39	*	*	*	*	*	*	96.0%	93.4%-97.7%	573
40-64	6.3%	4.5%-8.8%	5.3%	3.8%-7.4%	10.6%	8.6%-13.0%	77.8%	74.3%-80.9%	1548
65 and older	11.0%	8.2%-14.6%	10.3%	8.3%-12.7%	25.0%	22.1%-28.1%	53.7%	49.9%-57.5%	1575
Race/Ethnicity**									
White	1.1%	0.6%-2.0%	1.3%	1.0%-1.8%	9.0%	7.3%-11.1%	88.6%	86.4%-90.4%	1627
African American	8.0%	6.0%-10.5%	7.6%	5.7%-10.1%	9.7%	7.9%-11.9%	74.7%	71.0%-78.0%	1728
Other	*	*	*	*	*	*	91.6%	86.0%-95.1%	221
Hispanic	*	*	*	*	*	*	93.6%	87.2%-96.9%	119
Education**									
Less than high school	14.9%	9.9%-21.9%	9.4%	5.4%-15.8%	9.3%	6.1%-13.8%	66.4%	57.1%-74.5%	215
High school graduate	6.3%	4.1%-9.7%	5.6%	3.9%-7.9%	7.5%	5.1%-10.8%	80.6%	75.7%-84.8%	668
Some college	5.0%	2.7%-8.9%	5.5%	2.9%-10.1%	7.2%	5.0%-10.2%	82.3%	76.7%-86.8%	540
College graduate	0.9%	0.7%-1.2%	1.9%	1.3%-2.7%	9.0%	7.4%-10.8%	88.2%	86.3%-90.0%	2348
Income**									
Less than \$15,000	13.6%	8.7%-20.6%	5.2%	3.3%-8.1%	5.1%	3.0%-8.5%	76.2%	68.6%-82.5%	356
\$15,000-\$24,999	12.7%	7.7%-20.2%	8.1%	4.5%-14.2%	6.8%	4.6%-9.9%	72.4%	63.7%-79.7%	357
\$25,000-\$49,999	2.8%	1.6%-4.8%	4.4%	2.9%-6.7%	9.8%	6.8%-14.0%	83.0%	78.0%-87.0%	517
\$50,000-\$74,999	*	0.2%-1.6%	1.1%	0.7%-1.9%	9.2%	5.5%-15.0%	89.1%	83.4%-93.0%	367
\$75,000	0.5%	0.3%-0.8%	1.8%	1.1%-2.8%	9.3%	7.4%-11.6%	88.5%	86.0%-90.6%	1515
Ward**									
Ward 1	*	*	*	*	6.6%	4.2%-10.4%	86.7%	80.1%-91.4%	265
Ward 2	*	*	*	*	7.9%	5.0%-12.1%	87.5%	82.1%-91.5%	263
Ward 3	*	*	3.1%	1.8%-5.1%	13.4%	10.5%-17.1%	82.3%	78.1%-85.9%	579
Ward 4	6.5%	3.3%-12.3%	4.4%	2.1%-8.9%	7.0%	5.2%-9.5%	82.1%	75.8%-87.1%	520
Ward 5	3.1%	1.9%-5.1%	5.2%	3.2%-8.4%	12.5%	8.2%-18.5%	79.2%	72.5%-84.5%	418
Ward 6	6.6%	3.6%-11.5%	3.8%	2.4%-6.0%	9.5%	6.8%-13.2%	80.1%	74.2%-84.9%	414
Ward 7	11.8%	7.1%-18.9%	10.9%	7.0%-16.5%	12.6%	7.9%-19.6%	64.7%	55.4%-73.0%	329
Ward 8	9.1%	5.4%-15.0%	6.1%	3.1%-11.8%	8.7%	5.6%-13.3%	76.1%	68.3%-82.4%	358

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Depressive Disorder

“Has a doctor, nurse or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia or minor depression?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	18.0%	15.8%-20.5%	82.0%	79.5%-84.2%	3966
Gender**					
Male	13.9%	11.1%-17.2%	86.1%	82.8%-88.9%	1553
Female	21.7%	18.4%-25.4%	78.3%	74.6%-81.6%	2413
Age					
18-39	16.7%	13.1%-21.0%	83.3%	79.0%-86.9%	574
40-64	22.4%	18.9%-26.4%	77.6%	73.6%-81.1%	1594
65 and older	13.8%	11.5%-16.5%	86.2%	83.5%-88.5%	1707
Race/Ethnicity					
White	19.4%	15.9%-23.6%	80.6%	76.4%-84.1%	1665
African American	18.7%	15.3%-22.5%	81.3%	77.5%-84.7%	1855
Other	17.4%	10.1%-28.4%	82.6%	71.6%-89.9%	229
Hispanic	*	*	91.5%	84.2%-95.6%	121
Education					
Less than high school	25.6%	17.8%-35.3%	74.4%	64.7%-82.2%	234
High school graduate	16.5%	12.0%-22.1%	83.5%	77.9%-88.0%	730
Some college	22.8%	16.8%-30.3%	77.2%	69.7%-83.2%	575
College graduate	15.1%	12.6%-18.0%	84.9%	82.0%-87.4%	2407
Income**					
Less than \$15,000	23.9%	17.1%-32.4%	76.1%	67.6%-82.9%	384
\$15,000-\$24,999	29.8%	21.2%-40.1%	70.2%	59.9%-78.8%	389
\$25,000-\$49,999	13.9%	9.3%-20.2%	86.1%	79.8%-90.7%	543
\$50,000-\$74,999	21.5%	13.8%-32.0%	78.5%	68.0%-86.2%	374
\$75,000	14.3%	11.5%-17.7%	85.7%	82.3%-88.5%	1540
Ward					
Ward 1	15.9%	9.7%-25.0%	84.1%	75.0%-90.3%	276
Ward 2	21.6%	13.2%-33.1%	78.4%	66.9%-86.8%	273
Ward 3	16.9%	12.5%-22.3%	83.1%	77.7%-87.5%	596
Ward 4	16.2%	10.6%-23.9%	83.8%	76.1%-89.4%	543
Ward 5	17.2%	11.1%-25.8%	82.8%	74.2%-88.9%	445
Ward 6	19.9%	13.6%-28.0%	80.1%	72.0%-86.4%	427
Ward 7	22.4%	14.7%-32.5%	77.6%	67.5%-85.3%	355
Ward 8	25.5%	18.2%-34.5%	74.5%	65.5%-81.8%	393

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Diabetes

“Has a doctor, nurse or other health professional ever told you that you have diabetes?”



	Yes		No		UW
	%	95% CI	%	95% CI	
Total	8.5%	7.3%-10.0%	89.7%	88.1%-91.2%	3983
Gender					
Male	8.2%	6.2%-10.8%	90.1%	87.1%-92.4%	1557
Female	8.8%	7.4%-10.4%	89.4%	87.6%-91.0%	2426
Age**					
18-39	*	*	97.4%	95.3%-98.6%	579
40-64	13.6%	10.7%-17.1%	84.6%	81.0%-87.5%	1599
65 and older	20.9%	17.9%-24.2%	75.6%	72.1%-78.9%	1709
Race/Ethnicity**					
White	2.0%	1.3%-3.0%	96.3%	94.0%-97.7%	1674
African American	15.0%	12.7%-17.7%	82.9%	80.1%-85.5%	1860
Other	12.1%	6.1%-22.7%	87.3%	76.9%-93.5%	230
Hispanic	*	*	94.6%	88.4%-97.6%	121
Education**					
Less than high school	24.1%	17.0%-33.0%	73.1%	64.1%-80.6%	236
High school graduate	12.6%	9.4%-16.7%	86.3%	82.2%-89.6%	731
Some college	9.5%	7.0%-12.6%	86.3%	81.2%-90.1%	577
College graduate	3.1%	2.4%-4.1%	96.1%	95.1%-96.9%	2418
Income**					
Less than \$15,000	15.7%	10.5%-23.0%	83.2%	75.9%-88.6%	387
\$15,000-\$24,999	14.5%	9.7%-21.0%	83.2%	76.2%-88.4%	387
\$25,000-\$49,999	9.8%	6.9%-13.8%	89.3%	85.2%-92.3%	544
\$50,000-\$74,999	10.5%	6.3%-17.1%	87.9%	81.1%-92.5%	375
\$75,000	2.4%	1.7%-3.4%	96.6%	95.6%-97.4%	1541
Ward**					
Ward 1	4.5%	2.2%-9.0%	94.1%	89.5%-96.7%	278
Ward 2	3.6%	2.1%-6.0%	96.1%	93.6%-97.7%	272
Ward 3	3.0%	1.9%-4.5%	96.0%	94.3%-97.2%	600
Ward 4	9.0%	6.3%-12.7%	87.7%	82.9%-91.3%	547
Ward 5	17.9%	12.0%-26.0%	79.5%	71.4%-85.8%	446
Ward 6	9.7%	6.0%-15.3%	89.3%	83.7%-93.1%	429
Ward 7	12.8%	8.9%-17.9%	86.2%	80.9%-90.2%	356
Ward 8	18.2%	12.7%-25.3%	80.2%	73.0%-85.8%	391

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Pre-Diabetes - Blood Sugar Test

“Have you had a test for high blood sugar or diabetes within the past three years?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	58.7%	55.1%-62.3%	41.3%	37.7%-44.9%	3121
Gender					
Male	54.9%	49.3%-60.4%	45.1%	39.6%-50.7%	1237
Female	62.1%	57.3%-66.7%	37.9%	33.3%-42.7%	1884
Age**					
18-24	29.5%	18.7%-43.1%	70.5%	56.9%-81.3%	71
25-34	50.9%	42.2%-59.6%	49.1%	40.4%-57.8%	213
35-44	62.9%	55.1%-70.1%	37.1%	29.9%-44.9%	374
45-54	62.7%	55.1%-69.8%	37.3%	30.2%-44.9%	488
55-64	72.5%	66.7%-77.7%	27.5%	22.3%-33.3%	701
65 or older	74.5%	70.9%-77.8%	25.5%	22.2%-29.1%	1274
Race/Ethnicity					
White	56.7%	51.2%-62.0%	43.3%	38.0%-48.8%	1372
African American	63.5%	58.1%-68.5%	36.5%	31.5%-41.9%	1393
Other	55.9%	41.2%-69.7%	44.1%	30.3%-58.8%	182
Hispanic	48.0%	33.3%-63.0%	52.0%	37.0%-66.7%	96
Education					
Less than high school	57.3%	44.6%-69.1%	42.7%	30.9%-55.4%	159
High school graduate	47.0%	38.8%-55.4%	53.0%	44.6%-61.2%	543
Some college	65.2%	56.3%-73.1%	34.8%	26.9%-43.7%	439
College graduate	60.5%	55.9%-64.9%	39.5%	35.1%-44.1%	1962
Income					
Less than \$15,000	56.6%	45.1%-67.3%	43.4%	32.7%-54.9%	278
\$15,000-\$24,999	64.7%	52.2%-75.4%	35.3%	24.6%-47.8%	284
\$25,000-\$49,999	63.0%	52.4%-72.5%	37.0%	27.5%-47.6%	406
\$50,000-\$74,999	54.8%	42.6%-66.4%	45.2%	33.6%-57.4%	293
\$75,000	60.4%	55.2%-65.5%	39.6%	34.5%-44.8%	1293
Ward					
Ward 1	53.8%	40.9%-66.1%	46.2%	33.9%-59.1%	222
Ward 2	48.7%	35.5%-62.1%	51.3%	37.9%-64.5%	226
Ward 3	58.4%	48.9%-67.3%	41.6%	32.7%-51.1%	506
Ward 4	62.6%	51.8%-72.3%	37.4%	27.7%-48.2%	447
Ward 5	63.2%	51.4%-73.6%	36.8%	26.4%-48.6%	336
Ward 6	60.4%	50.3%-69.7%	39.6%	30.3%-49.7%	352
Ward 7	67.8%	56.3%-77.5%	32.2%	22.5%-43.7%	275
Ward 8	58.1%	47.1%-68.3%	41.9%	31.7%-52.9%	276

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Pre-Diabetes - Pre-Diabetes or Borderline Diabetes

“Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	10.4%	8.6%-12.5%	88.7%	86.4%-90.6%	3345
Gender					
Male	9.5%	7.0%-12.7%	90.5%	87.3%-93.0%	1335
Female	11.1%	8.7%-14.2%	87.1%	83.8%-89.8%	2010
Age**					
18-39	6.2%	3.7%-10.1%	92.4%	88.2%-95.2%	496
40-64	13.2%	10.4%-16.7%	86.1%	82.7%-89.0%	1398
65 and older	16.3%	13.4%-19.6%	83.3%	79.9%-86.2%	1370
Race/Ethnicity**					
White	5.0%	3.4%-7.5%	94.7%	92.3%-96.4%	1545
African American	15.7%	12.6%-19.4%	83.4%	79.6%-86.6%	1427
Other	6.7%	3.5%-12.4%	87.4%	75.9%-93.9%	184
Hispanic	*	*	87.9%	73.6%-95.0%	103
Education**					
Less than high school	15.8%	9.3%-25.6%	83.9%	74.1%-90.5%	165
High school graduate	13.4%	9.2%-19.0%	86.5%	80.9%-90.7%	557
Some college	14.9%	9.6%-22.3%	81.7%	73.9%-87.7%	447
College graduate	6.3%	5.0%-7.9%	93.3%	91.7%-94.6%	2159
Income**					
Less than \$15,000	8.4%	3.6%-18.7%	88.7%	77.4%-94.7%	280
\$15,000-\$24,999	23.5%	15.3%-34.3%	74.6%	63.6%-83.1%	293
\$25,000-\$49,999	13.7%	9.1%-20.2%	84.8%	77.8%-89.9%	436
\$50,000-\$74,999	7.5%	4.6%-12.1%	92.4%	87.8%-95.4%	314
\$75,000	5.8%	4.5%-7.4%	93.9%	92.3%-95.2%	1418
Ward**					
Ward 1	4.7%	2.8%-7.9%	95.3%	92.1%-97.2%	248
Ward 2	7.8%	3.7%-15.5%	92.2%	84.5%-96.3%	248
Ward 3	6.3%	4.2%-9.3%	93.4%	90.4%-95.6%	567
Ward 4	10.6%	7.0%-15.7%	88.6%	83.4%-92.3%	471
Ward 5	11.9%	8.3%-16.9%	87.9%	82.9%-91.6%	348
Ward 6	7.7%	4.6%-12.8%	90.2%	83.7%-94.3%	383
Ward 7	22.0%	13.4%-34.1%	78.0%	65.9%-86.6%	281
Ward 8	17.2%	10.6%-26.7%	80.0%	69.8%-87.4%	278

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,

Center for Policy, Planning and Evaluation (CPPE)

Chronic Health Conditions - Kidney Disease

“Has a doctor, nurse or other health professional ever told you that you have kidney disease?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	2.6%	2.0%-3.3%	97.4%	96.7%-98.0%	3975
Gender					
Male	2.4%	1.7%-3.6%	97.6%	96.4%-98.3%	1552
Female	2.6%	1.8%-3.8%	97.4%	96.2%-98.2%	2423
Age**					
18-39	*	*	99.0%	98.0%-99.5%	579
40-64	2.5%	1.5%-4.3%	97.5%	95.7%-98.5%	1602
65 and older	8.0%	6.1%-10.4%	92.0%	89.6%-93.9%	1697
Race/Ethnicity**					
White	0.9%	0.6%-1.4%	99.1%	98.6%-99.4%	1668
African American	4.4%	3.2%-6.0%	95.6%	94.0%-96.8%	1855
Other	*	*	97.7%	93.8%-99.2%	231
Hispanic	-	-	99.9%	99.1%-100.0%	121
Education**					
Less than high school	7.3%	4.3%-12.0%	92.7%	88.0%-95.7%	235
High school graduate	3.2%	1.9%-5.5%	96.8%	94.5%-98.1%	728
Some college	1.9%	1.1%-3.1%	98.1%	96.9%-98.9%	580
College graduate	1.5%	0.9%-2.5%	98.5%	97.5%-99.1%	2410
Income**					
Less than \$15,000	5.6%	3.3%-9.3%	94.4%	90.7%-96.7%	385
\$15,000-\$24,999	4.8%	2.3%-9.6%	95.2%	90.4%-97.7%	386
\$25,000-\$49,999	2.3%	1.2%-4.3%	97.7%	95.7%-98.8%	542
\$50,000-\$74,999	*	*	97.9%	94.3%-99.2%	374
\$75,000	0.8%	0.5%-1.3%	99.2%	98.7%-99.5%	1540
Ward					
Ward 1	*	*	97.5%	92.2%-99.2%	278
Ward 2	*	*	98.3%	96.3%-99.2%	274
Ward 3	1.5%	0.9%-2.4%	98.5%	97.6%-99.1%	593
Ward 4	*	*	96.9%	93.9%-98.4%	547
Ward 5	2.3%	1.2%-4.2%	97.7%	95.8%-98.8%	443
Ward 6	*	*	98.1%	95.5%-99.2%	428
Ward 7	4.7%	2.6%-8.3%	95.3%	91.7%-97.4%	356
Ward 8	4.4%	2.2%-8.5%	95.6%	91.5%-97.8%	392

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Immunization - Flu Shot

“During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?”



	Yes		No		UW
	%	95% CI	%	95% CI	
Total	40.5%	37.3%-43.7%	59.5%	56.3%-62.7%	3470
Gender**					
Male	35.2%	30.6%-40.0%	64.8%	60.0%-69.4%	1357
Female	45.3%	41.0%-49.6%	54.7%	50.4%-59.0%	2113
Age**					
18-24	35.4%	24.2%-48.4%	64.6%	51.6%-75.8%	78
25-34	32.3%	25.2%-40.3%	67.7%	59.7%-74.8%	234
35-44	42.8%	35.5%-50.5%	57.2%	49.5%-64.5%	382
45-54	43.3%	36.4%-50.4%	56.7%	49.6%-63.6%	502
55-64	39.8%	34.3%-45.6%	60.2%	54.4%-65.7%	784
65 or older	54.5%	50.5%-58.4%	45.5%	41.6%-49.5%	1490
Race/Ethnicity					
White	46.5%	41.4%-51.6%	53.5%	48.4%-58.6%	1522
African American	35.8%	31.4%-40.5%	64.2%	59.5%-68.6%	1565
Other	37.2%	25.3%-50.8%	62.8%	49.2%-74.7%	199
Hispanic	40.0%	27.1%-54.5%	60.0%	45.5%-72.9%	101
Education					
Less than high school	35.7%	26.0%-46.7%	64.3%	53.3%-74.0%	198
High school graduate	33.1%	26.2%-40.8%	66.9%	59.2%-73.8%	588
Some college	38.9%	31.2%-47.1%	61.1%	52.9%-68.8%	503
College graduate	44.8%	40.6%-49.0%	55.2%	51.0%-59.4%	2168
Income**					
Less than \$15,000	32.5%	23.7%-42.6%	67.5%	57.4%-76.3%	323
\$15,000-\$24,999	30.0%	21.8%-39.7%	70.0%	60.3%-78.2%	334
\$25,000-\$49,999	38.6%	29.9%-48.1%	61.4%	51.9%-70.1%	468
\$50,000-\$74,999	31.9%	23.0%-42.4%	68.1%	57.6%-77.0%	340
\$75,000+	47.4%	42.5%-52.3%	52.6%	47.7%-57.5%	1421
Ward**					
Ward 1	34.9%	25.4%-45.8%	65.1%	54.2%-74.6%	243
Ward 2	55.6%	42.7%-67.8%	44.4%	32.2%-57.3%	243
Ward 3	62.1%	55.0%-68.7%	37.9%	31.3%-45.0%	547
Ward 4	48.6%	39.2%-58.1%	51.4%	41.9%-60.8%	478
Ward 5	28.7%	21.5%-37.2%	71.3%	62.8%-78.5%	392
Ward 6	41.9%	34.0%-50.2%	58.1%	49.8%-66.0%	393
Ward 7	34.1%	25.5%-44.0%	65.9%	56.0%-74.5%	296
Ward 8	33.4%	24.6%-43.6%	66.6%	56.4%-75.4%	314

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Immunization - Flu Shot, Aged 65 and Older

Calculated Variable - Adults aged 65 and older who have had a flu shot within the past year

	Yes		No		
	%	95% CI	%	95% CI	UW
Total	54.5%	50.5%-58.4%	45.5%	41.6%-49.5%	1489
Gender					
Male	57.0%	49.8%-63.9%	43.0%	36.1%-50.2%	537
Female	52.6%	48.1%-57.0%	47.4%	43.0%-51.9%	952
Race/Ethnicity**					
White	70.2%	65.8%-74.3%	29.8%	25.7%-34.2%	665
African American	45.4%	39.4%-51.5%	54.6%	48.5%-60.6%	704
Other	42.2%	26.5%-59.7%	57.8%	40.3%-73.5%	64
Hispanic	*	*	*	*	*
Education**					
Less than high school	44.5%	33.7%-55.8%	55.5%	44.2%-66.3%	119
High school graduate	51.2%	41.4%-61.0%	48.8%	39.0%-58.6%	245
Some college	41.6%	33.2%-50.6%	58.4%	49.4%-66.8%	223
College graduate	66.6%	62.6%-70.3%	33.4%	29.7%-37.4%	897
Income**					
Less than \$15,000	39.6%	26.7%-54.1%	60.4%	45.9%-73.3%	126
\$15,000-\$24,999	42.1%	30.6%-54.5%	57.9%	45.5%-69.4%	165
\$25,000-\$49,999	51.7%	42.6%-60.6%	48.3%	39.4%-57.4%	260
\$50,000-\$74,999	55.9%	46.7%-64.7%	44.1%	35.3%-53.3%	161
\$75,000	68.0%	62.0%-73.4%	32.0%	26.6%-38.0%	472
Ward**					
Ward 1	53.7%	39.5%-67.3%	46.3%	32.7%-60.5%	100
Ward 2	70.1%	60.2%-78.3%	29.9%	21.7%-39.8%	121
Ward 3	67.8%	60.2%-74.6%	32.2%	25.4%-39.8%	283
Ward 4	56.2%	46.3%-65.6%	43.8%	34.4%-53.7%	226
Ward 5	41.6%	31.4%-52.6%	58.4%	47.4%-68.6%	172
Ward 6	54.2%	41.6%-66.3%	45.8%	33.7%-58.4%	161
Ward 7	41.2%	28.6%-55.0%	58.8%	45.0%-71.4%	130
Ward 8	48.7%	37.0%-60.6%	51.3%	39.4%-63.0%	124

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Immunization - Pneumonia Shot

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot.
 "Have you ever had a pneumonia shot?"

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	31.6%	28.5%-34.8%	68.4%	65.2%-71.5%	3033
Gender					
Male	29.6%	25.0%-34.6%	70.4%	65.4%-75.0%	1130
Female	33.3%	29.3%-37.5%	66.7%	62.5%-70.7%	1903
Age**					
18-24	*	*	75.8%	61.3%-86.1%	55
25-34	22.9%	15.9%-31.8%	77.1%	68.2%-84.1%	170
35-44	13.5%	9.4%-19.2%	86.5%	80.8%-90.6%	279
45-54	30.6%	23.8%-38.5%	69.4%	61.5%-76.2%	423
55-64	36.2%	30.3%-42.5%	63.8%	57.5%-69.7%	712
65 or older	63.6%	59.2%-67.7%	36.4%	32.3%-40.8%	1394
Race/Ethnicity					
White	29.6%	25.1%-34.5%	70.4%	65.5%-74.9%	1278
African American	35.3%	30.8%-40.0%	64.7%	60.0%-69.2%	1442
Other	29.9%	18.3%-44.9%	70.1%	55.1%-81.7%	166
Hispanic	24.9%	14.3%-39.7%	75.1%	60.3%-85.7%	83
Education					
Less than high school	44.4%	33.6%-55.8%	55.6%	44.2%-66.4%	189
High school graduate	24.3%	18.7%-31.0%	75.7%	69.0%-81.3%	543
Some college	32.2%	25.1%-40.2%	67.8%	59.8%-74.9%	458
College graduate	30.6%	26.8%-34.8%	69.4%	65.2%-73.2%	1833
Income					
Less than \$15,000	31.4%	22.8%-41.6%	68.6%	58.4%-77.2%	304
\$15,000-\$24,999	33.4%	24.4%-43.8%	66.6%	56.2%-75.6%	318
\$25,000-\$49,999	29.2%	21.8%-37.9%	70.8%	62.1%-78.2%	421
\$50,000-\$74,999	25.0%	17.5%-34.3%	75.0%	65.7%-82.5%	301
\$75,000	30.4%	25.6%-35.6%	69.6%	64.4%-74.4%	1188
Ward					
Ward 1	26.7%	17.5%-38.4%	73.3%	61.6%-82.5%	207
Ward 2	33.4%	23.3%-45.4%	66.6%	54.6%-76.7%	209
Ward 3	38.6%	32.2%-45.4%	61.4%	54.6%-67.8%	476
Ward 4	42.9%	33.7%-52.7%	57.1%	47.3%-66.3%	429
Ward 5	29.6%	22.2%-38.3%	70.4%	61.7%-77.8%	342
Ward 6	38.8%	30.1%-48.4%	61.2%	51.6%-69.9%	349
Ward 7	32.8%	24.7%-42.0%	67.2%	58.0%-75.3%	272
Ward 8	30.2%	21.4%-40.8%	69.8%	59.2%-78.6%	286

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
 Center for Policy, Planning and Evaluation (CPPE)

Immunization - Pneumonia Shot

Calculated Variable - Adults aged 65 and older who have ever had a pneumonia vaccination

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	63.6%	59.2%-67.7%	36.4%	32.3%-40.8%	1394
Gender**					
Male	55.9%	48.1%-63.4%	44.1%	36.6%-51.9%	485
Female	69.0%	64.4%-73.2%	31.0%	26.8%-35.6%	909
Race/Ethnicity**					
White	79.2%	75.2%-82.6%	20.8%	17.4%-24.8%	614
African American	54.0%	47.5%-60.3%	46.0%	39.7%-52.5%	674
Other	67.2%	50.9%-80.1%	32.8%	19.9%-49.1%	61
Hispanic	*	*	*	*	*
Education**					
Less than high school	50.4%	38.9%-61.9%	49.6%	38.1%-61.1%	115
High school graduate	54.7%	44.1%-65.0%	45.3%	35.0%-55.9%	235
Some college	64.3%	55.4%-72.3%	35.7%	27.7%-44.6%	214
College graduate	73.7%	69.8%-77.3%	26.3%	22.7%-30.2%	825
Income**					
Less than \$15,000	38.8%	26.2%-53.1%	61.2%	46.9%-73.8%	124
\$15,000-\$24,999	63.8%	49.5%-75.9%	36.2%	24.1%-50.5%	160
\$25,000-\$49,999	62.9%	52.8%-72.0%	37.1%	28.0%-47.2%	245
\$50,000-\$74,999	64.7%	54.8%-73.4%	35.3%	26.6%-45.2%	150
\$75,000	72.4%	66.2%-77.8%	27.6%	22.2%-33.8%	434
Ward**					
Ward 1	71.4%	54.1%-84.1%	28.6%	15.9%-45.9%	91
Ward 2	77.7%	67.5%-85.5%	22.3%	14.5%-32.5%	111
Ward 3	78.2%	69.8%-84.8%	21.8%	15.2%-30.2%	266
Ward 4	66.4%	55.1%-76.1%	33.6%	23.9%-44.9%	210
Ward 5	50.6%	39.3%-61.9%	49.4%	38.1%-60.7%	157
Ward 6	59.8%	46.1%-72.2%	40.2%	27.8%-53.9%	157
Ward 7	56.4%	42.2%-69.5%	43.6%	30.5%-57.8%	125
Ward 8	53.2%	40.8%-65.3%	46.8%	34.7%-59.2%	120

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Disability - Activity Limitations Due to Health Problems

“Are you limited in any way in any activities because of physical, mental or emotional problems?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	17.8%	15.8%-20.1%	82.2%	79.9%-84.2%	3842
Gender					
Male	15.9%	13.1%-19.3%	84.1%	80.7%-86.9%	1512
Female	19.5%	16.7%-22.7%	80.5%	77.3%-83.3%	2330
Age**					
18-39	11.8%	8.7%-15.8%	88.2%	84.2%-91.3%	559
40-64	21.6%	18.6%-25.0%	78.4%	75.0%-81.4%	1552
65 and older	29.9%	26.4%-33.6%	70.1%	66.4%-73.6%	1642
Race/Ethnicity**					
White	12.4%	9.8%-15.6%	87.6%	84.4%-90.2%	1635
African American	25.3%	21.7%-29.2%	74.7%	70.8%-78.3%	1777
Other	17.3%	10.2%-27.8%	82.7%	72.2%-89.8%	217
Hispanic	*	*	91.8%	82.8%-96.3%	120
Education**					
Less than high school	34.9%	26.2%-44.7%	65.1%	55.3%-73.8%	223
High school graduate	20.4%	15.6%-26.3%	79.6%	73.7%-84.4%	687
Some college	22.1%	16.8%-28.6%	77.9%	71.4%-83.2%	556
College graduate	11.6%	9.6%-14.0%	88.4%	86.0%-90.4%	2360
Income**					
Less than \$15,000	35.0%	26.7%-44.2%	65.0%	55.8%-73.3%	376
\$15,000-\$24,999	32.2%	23.8%-42.0%	67.8%	58.0%-76.2%	373
\$25,000-\$49,999	18.0%	12.9%-24.5%	82.0%	75.5%-87.1%	531
\$50,000-\$74,999	8.0%	5.2%-12.0%	92.0%	88.0%-94.8%	361
\$75,000	10.0%	7.8%-12.6%	90.0%	87.4%-92.2%	1520
Ward					
Ward 1	14.1%	8.8%-21.8%	85.9%	78.2%-91.2%	271
Ward 2	20.6%	12.5%-32.1%	79.4%	67.9%-87.5%	265
Ward 3	16.8%	12.1%-22.8%	83.2%	77.2%-87.9%	587
Ward 4	19.5%	13.7%-26.9%	80.5%	73.1%-86.3%	526
Ward 5	15.9%	11.8%-21.1%	84.1%	78.9%-88.2%	430
Ward 6	22.7%	16.7%-30.0%	77.3%	70.0%-83.3%	418
Ward 7	26.9%	19.8%-35.4%	73.1%	64.6%-80.2%	342
Ward 8	25.0%	18.0%-33.5%	75.0%	66.5%-82.0%	368

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Disability - Health Problems Requiring Special Equipment

“Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	10.5%	9.0%-12.1%	89.5%	87.9%-91.0%	3873
Gender					
Male	9.0%	6.9%-11.8%	91.0%	88.2%-93.1%	1522
Female	11.8%	9.9%-13.9%	88.2%	86.1%-90.1%	2351
Age**					
18-39	3.5%	1.9%-6.2%	96.5%	93.8%-98.1%	561
40-64	13.3%	10.7%-16.3%	86.7%	83.7%-89.3%	1563
65 and older	28.3%	24.8%-32.1%	71.7%	67.9%-75.2%	1659
Race/Ethnicity**					
White	4.3%	3.0%-6.1%	95.7%	93.9%-97.0%	1643
African American	19.2%	16.2%-22.6%	80.8%	77.4%-83.8%	1796
Other	7.0%	3.8%-12.3%	93.0%	87.7%-96.2%	221
Hispanic	*	*	99.2%	98.1%-99.7%	120
Education**					
Less than high school	30.7%	23.3%-39.2%	69.3%	60.8%-76.7%	225
High school graduate	13.7%	10.1%-18.4%	86.3%	81.6%-89.9%	695
Some college	12.7%	8.8%-17.9%	87.3%	82.1%-91.2%	560
College graduate	4.0%	3.0%-5.4%	96.0%	94.6%-97.0%	2376
Income**					
Less than \$15,000	24.4%	18.1%-32.1%	75.6%	67.9%-81.9%	381
\$15,000-\$24,999	23.8%	17.2%-32.0%	76.2%	68.0%-82.8%	377
\$25,000-\$49,999	8.8%	6.0%-12.7%	91.2%	87.3%-94.0%	532
\$50,000-\$74,999	5.4%	2.8%-10.2%	94.6%	89.8%-97.2%	368
\$75,000	2.5%	1.7%-3.9%	97.5%	96.1%-98.3%	1523
Ward**					
Ward 1	8.6%	4.8%-15.1%	91.4%	84.9%-95.2%	270
Ward 2	7.1%	4.3%-11.4%	92.9%	88.6%-95.7%	268
Ward 3	5.2%	3.8%-7.1%	94.8%	92.9%-96.2%	587
Ward 4	12.8%	8.5%-18.8%	87.2%	81.2%-91.5%	536
Ward 5	12.9%	8.9%-18.5%	87.1%	81.5%-91.1%	433
Ward 6	13.3%	8.2%-20.8%	86.7%	79.2%-91.8%	420
Ward 7	24.5%	17.8%-32.8%	75.5%	67.2%-82.2%	343
Ward 8	15.5%	10.8%-21.7%	84.5%	78.3%-89.2%	376

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Difficulty Remembering and Concentrating

“Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	8.4%	6.8%-10.3%	91.6%	89.7%-93.2%	3817
Gender					
Male	6.5%	4.6%-9.0%	93.5%	91.0%-95.4%	1505
Female	10.0%	7.7%-13.0%	90.0%	87.0%-92.3%	2312
Age					
18-39	6.7%	4.4%-10.2%	93.3%	89.8%-95.6%	553
40-64	11.3%	8.7%-14.5%	88.7%	85.5%-91.3%	1544
65 and older	8.0%	6.2%-10.3%	92.0%	89.7%-93.8%	1629
Race/Ethnicity**					
White	3.5%	2.0%-5.9%	96.5%	94.1%-98.0%	1629
Black/African American	14.1%	11.0%-17.8%	85.9%	82.2%-89.0%	1759
Other	8.3%	3.7%-17.6%	91.7%	82.4%-96.3%	214
Hispanic	4.9%	2.2%-10.6%	95.1%	89.4%-97.8%a	120
Education**					
Less than high school	23.3%	15.8%-33.1%	76.7%	66.9%-84.2%	216
High school graduate	12.3%	8.7%-17.1%	87.7%	82.9%-91.3%	681
Some college	10.9%	6.6%-17.6%	89.1%	82.4%-93.4%	547
College graduate	2.9%	2.0%-4.2%	97.1%	95.8%-98.0%	2358
Income**					
Less than \$15,000	16.8%	10.8%-25.1%	83.2%	74.9%-89.2%	368
\$15,000-\$24,999	17.6%	11.4%-26.1%	82.4%	73.9%-88.6%	370
\$25,000-\$49,999	8.0%	4.8%-12.9%	92.0%	87.1%-95.2%	524
\$50,000-\$74,999	*	*	92.8%	83.5%-97.1%	364
\$75,000	1.4%	0.8%-2.5%	98.6%	97.5%-99.2%	1515
Ward**					
Ward 1	*	*	93.7%	87.5%-97.0%	265
Ward 2	*	*	97.5%	94.1%-99.0%	268
Ward 3	3.1%	1.7%-5.7%	96.9%	94.3%-98.3%	580
Ward 4	5.7%	2.7%-11.6%	94.3%	88.4%-97.3%	530
Ward 5	6.0%	3.6%-9.8%	94.0%	90.2%-96.4%	429
Ward 6	7.2%	3.8%-13.4%	92.8%	86.6%-96.2%	411
Ward 7	14.4%	9.2%-21.8%	85.6%	78.2%-90.8%	337
Ward 8	23.2%	15.9%-32.4%	76.8%	67.6%-84.1%	366

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Disability - Difficulty Walking or Climbing Stairs

“Do you have serious difficulty walking or climbing stairs?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	12.3%	10.7%-14.1%	87.7%	85.9%-89.3%	3823
Gender**					
Male	9.2%	7.2%-11.8%	90.8%	88.2%-92.8%	1502
Female	15.0%	12.7%-17.7%	85.0%	82.3%-87.3%	2321
Age**					
18-39	3.4%	1.9%-6.1%	96.6%	93.9%-98.1%	555
40-64	17.9%	15.0%-21.3%	82.1%	78.7%-85.0%	1551
65 and older	28.8%	25.3%-32.6%	71.2%	67.4%-74.7%	1628
Race/Ethnicity**					
White	4.2%	3.1%-5.7%	95.8%	94.3%-96.9%	1626
African American	22.3%	19.1%-25.9%	77.7%	74.1%-80.9%	1767
Other	9.9%	4.9%-18.9%	90.1%	81.1%-95.1%	217
Hispanic	*	*	96.7%	89.5%-99.0%	120
Education**					
Less than high school	31.4%	23.7%-40.3%	68.6%	59.7%-76.3%	223
High school graduate	18.4%	14.4%-23.3%	81.6%	76.7%-85.6%	687
Some college	17.1%	12.3%-23.1%	82.9%	76.9%-87.7%	546
College graduate	4.0%	3.2%-5.1%	96.0%	94.9%-96.8%	2350
Income**					
Less than \$15,000	31.6%	23.9%-40.3%	68.4%	59.7%-76.1%	375
\$15,000-\$24,999	25.2%	18.3%-33.6%	74.8%	66.4%-81.7%	373
\$25,000-\$49,999	10.3%	7.2%-14.6%	89.7%	85.4%-92.8%	523
\$50,000-\$74,999	5.5%	3.0%-9.7%	94.5%	90.3%-97.0%	363
\$75,000	3.8%	2.6%-5.5%	96.2%	94.5%--97.4%	1513
Ward**					
Ward 1	10.0%	6.0%-16.3%	90.0%	83.7%-94.0%	266
Ward 2	9.0%	4.7%-16.6%	91.0%	83.4%-95.3%	266
Ward 3	6.5%	4.5%-9.3%	93.5%	90.7%-95.5%	579
Ward 4	17.3%	11.7%-24.7%	82.7%	75.3%-88.3%	527
Ward 5	15.3%	11.1%-20.7%	84.7%	79.3%--88.9%	427
Ward 6	10.6%	7.2%-15.4%	89.4%	84.6%-92.8%	418
Ward 7	24.7%	17.9%-33.0%	75.3%	67.0%-82.1%	341
Ward 8	22.5%	16.1%-30.4%	77.5%	69.6%-83.9%	372

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Exercise - Exercise in the Past 30 Days

“During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	80.6%	77.9%-83.0%	19.4%	17.0%-22.1%	3541
Gender					
Male	82.0%	77.9%-85.4%	18.0%	14.6%-22.1%	1393
Female	79.3%	75.7%-82.4%	20.7%	17.6%-24.3%	2148
Age**					
18-24	76.2%	63.3%-85.5%	*	*	78
25-34	87.6%	81.6%-91.8%	12.4%	8.2%-18.4%	237
35-44	83.8%	77.6%-88.6%	16.2%	11.4%-22.4%	394
45-54	78.2%	71.6%-83.6%	21.8%	16.4%-28.4%	512
55-64	79.5%	74.7%-83.5%	20.5%	16.5%-25.3%	795
65 or older	71.0%	66.9%-74.8%	29.0%	25.2%-33.1%	1525
Race/Ethnicity**					
White	92.1%	89.3%-94.2%	7.9%	5.8%-10.7%	1546
African American	68.4%	63.8%-72.6%	31.6%	27.4%-36.2%	1600
Other	81.6%	69.7%-89.5%	18.4%	10.5%-30.3%	205
Hispanic	83.9%	70.5%-91.9%	*	*	106
Education**					
Less than high school	61.3%	50.4%-71.2%	38.7%	28.8%-49.6%	206
High school graduate	73.3%	66.2%-79.4%	26.7%	20.6%-33.8%	604
Some college	79.4%	73.0%-84.6%	20.6%	15.4%-27.0%	515
College graduate	88.0%	85.0%-90.5%	12.0%	9.5%-15.0%	2202
Income**					
Less than \$15,000	62.1%	51.5%-71.6%	37.9%	28.4%-48.5%	339
\$15,000-\$24,999	74.9%	65.4%-82.6%	25.1%	17.4%-34.6%	341
\$25,000-\$49,999	76.9%	69.0%-83.3%	23.1%	16.7%-31.0%	479
\$50,000-\$74,999	89.1%	83.4%-93.0%	10.9%	7.0%-16.6%	344
\$75,000	90.1%	87.2%-92.5%	9.9%	7.5%-12.8%	1438
Ward**					
Ward 1	81.2%	68.1%-89.8%	18.8%	10.2%-31.9%	247
Ward 2	91.6%	85.4%-95.3%	8.4%	4.7%-14.6%	247
Ward 3	94.0%	91.6%-95.7%	6.0%	4.3%-8.4%	557
Ward 4	83.9%	77.3%-88.9%	16.1%	11.1%-22.7%	489
Ward 5	72.3%	63.5%-79.8%	27.7%	20.2%-36.5%	399
Ward 6	76.1%	67.0%-83.3%	23.9%	16.7%-33.0%	402
Ward 7	62.0%	51.2%-71.7%	38.0%	28.3%-48.8%	305
Ward 8	73.6%	63.9%-81.4%	26.4%	18.6%-36.1%	320

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Physical Activity - Guidelines

Aerobic and Strengthening Guidelines

	Met Both Guidelines		Met Aerobic Guidelines Only		Met Strengthening Guidelines		Did not Meet Either		UW
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Total	23.7%	20.9%-26.8%	34.0%	30.8%-37.4%	10.2%	8.2%-12.7%	32.1%	29.0%-35.3%	3275
Gender									
Male	26.1%	21.6%-31.1%	30.8%	26.1%-35.9%	13.5%	10.1%-17.9%	29.6%	25.1%-34.6%	1303
Female	21.5%	18.1%-25.3%	36.9%	32.6%-41.5%	7.2%	5.1%-10.0%	34.4%	30.3%-38.7%	1972
Age									
18-24	20.7%	11.7%-33.8%	34.3%	23.0%-47.8%	*	*	32.3%	21.2%-45.8%	75
25-34	25.7%	19.2%-33.5%	35.7%	28.2%-43.9%	12.4%	7.6%-19.6%	26.2%	19.8%-33.9%	231
35-44	24.0%	17.7%-31.8%	30.8%	23.9%-38.6%	10.9%	7.3%-16.1%	34.3%	27.3%-42.0%	372
45-54	24.0%	18.9%-30.0%	32.2%	26.6%-38.5%	8.1%	4.5%-13.9%	35.7%	29.4%-42.6%	483
55-64	20.8%	16.9%-25.3%	39.0%	32.5%-45.8%	9.5%	6.4%-13.8%	30.7%	25.7%-36.3%	697
65 or older	24.2%	21.1%-27.6%	31.9%	28.5%-35.6%	5.8%	4.5%-7.5%	38.1%	34.0%-42.3%	1417
Race/Ethnicity									
White	31.3%	26.6%-36.4%	37.3%	32.4%-42.5%	12.3%	8.8%-16.8%	19.1%	15.6%-23.3%	1483
African American	17.2%	13.7%-21.5%	28.5%	24.3%-33.2%	7.7%	5.5%-10.7%	46.5%	41.6%-51.6%	1452
Other	14.1%	8.7%-22.1%	38.7%	25.4%-54.0%	*	*	37.7%	25.3%-52.0%	179
Hispanic	26.2%	14.9%-41.7%	39.6%	26.1%-55.0%	*	*	22.0%	12.3%-36.3%	95
Education									
Less than high school	*	*	31.1%	21.0%-43.4%	*	*	47.8%	36.2%-59.5%	175
High school graduate	15.0%	9.5%-22.8%	34.9%	27.2%-43.5%	11.6%	6.4%-20.3%	38.5%	30.9%-46.7%	548
Some college	20.9%	14.7%-28.8%	30.9%	23.4%-39.6%	9.7%	5.5%-16.6%	38.5%	30.5%-47.2%	463
College graduate	30.1%	26.2%-34.3%	35.2%	31.1%-39.5%	10.1%	7.7%-13.1%	24.7%	21.1%-28.5%	2080
Income									
Less than \$15,000	11.7%	6.8%-19.5%	32.8%	22.8%-44.6%	*	*	52.3%	41.1%-63.3%	296
\$15,000-\$24,999	20.3%	11.8%-32.7%	39.4%	29.0%-51.0%	5.1%	2.4%-10.8%	35.1%	25.6%-45.9%	313
\$25,000-\$49,999	24.5%	16.6%-34.7%	32.1%	23.5%-42.0%	7.9%	4.2%-14.1%	35.5%	27.2%-44.8%	446
\$50,000-\$74,999	13.8%	9.3%-20.1%	36.6%	26.4%-48.1%	24.0%	14.5%-37.2%	25.6%	18.0%-35.0%	326
\$75,000+	33.2%	28.5%-38.2%	36.2%	31.6%-41.2%	9.4%	6.8%-13.0%	21.2%	17.6%-25.2%	1394
Ward									
Ward 1	28.8%	18.6%-41.9%	26.3%	17.8%-36.9%	*	*	33.6%	22.2%-47.2%	221
Ward 2	28.1%	18.8%-39.6%	41.6%	29.1%-55.3%	*	*	23.6%	13.9%-37.1%	238
Ward 3	29.2%	23.0%-36.3%	40.1%	32.9%-47.8%	9.3%	5.3%-15.8%	21.4%	15.3%-29.2%	528
Ward 4	32.2%	23.2%-42.6%	31.3%	23.0%-41.1%	5.4%	3.1%-9.1%	31.1%	23.4%-40.1%	445
Ward 5	24.4%	16.1%-35.0%	23.8%	16.0%-33.8%	12.7%	6.9%-22.2%	39.1%	30.2%-48.9%	361
Ward 6	14.3%	10.5%-19.3%	39.2%	30.9%-48.3%	8.3%	4.5%-14.7%	38.1%	29.7%-47.3%	377
Ward 7	15.3%	8.1%-27.2%	25.4%	18.5%-33.9%	9.6%	5.2%-17.2%	49.6%	38.8%-60.5%	280
Ward 8	20.6%	12.9%-31.1%	39.9%	29.8%-51.0%	5.3%	2.3%-11.9%	34.1%	25.2%-44.4%	289

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Weight Status - Weight Categories



	Normal weight		Overweight		Obese		UW
	%	95% CI	%	95% CI	%	95% CI	
Total	43.5%	40.2%-46.8%	32.2%	29.3%-35.3%	22.1%	19.7%-24.8%	3654
Gender**							
Male	41.0%	36.1%-46.1%	39.5%	34.7%-44.4%	17.6%	14.4%-21.4%	1485
Female	45.9%	41.5%-50.2%	25.3%	21.9%-29.1%	26.4%	22.9%-30.2%	2169
Age**							
18-24	59.7%	47.0%-71.3%	17.1%	9.9%-27.9%	*	*	86
25-34	51.9%	44.0%-59.6%	33.9%	26.9%-41.8%	12.3%	8.1%-18.2%	254
35-44	38.9%	31.8%-46.5%	38.5%	31.1%-46.4%	22.5%	16.9%-29.3%	391
45-54	31.9%	26.0%-38.5%	33.8%	27.9%-40.2%	33.7%	27.6%-40.3%	541
55-64	37.4%	31.6%-43.6%	33.5%	28.5%-38.9%	28.0%	23.0%-33.5%	783
65 or older	36.0%	32.6%-39.5%	32.0%	28.7%-35.4%	29.7%	25.9%-33.8%	1599
Race/Ethnicity**							
White	56.9%	51.8%-61.9%	31.0%	26.5%-36.0%	9.6%	7.3%-12.6%	1565
African American	29.6%	25.3%-34.3%	33.2%	29.1%-37.6%	35.2%	31.0%-39.7%	1696
Other	47.6%	34.5%-61.0%	29.3%	19.2%-42.0%	19.3%	11.2%-31.3%	211
Hispanic	43.6%	30.5%-57.5%	36.9%	24.6%-51.2%	19.1%	10.6%-32.1%	110
Education**							
Less than high school	28.3%	19.3%-39.5%	31.2%	22.0%-42.0%	40.3%	30.6%-50.8%	213
High school graduate	37.7%	30.1%-45.9%	31.0%	24.0%-39.1%	30.2%	23.9%-37.3%	660
Some college	34.7%	27.2%-43.1%	31.5%	24.8%-39.0%	28.8%	22.3%-36.3%	530
College graduate	52.4%	48.1%-56.6%	33.2%	29.4%-37.3%	12.7%	10.5%-15.3%	2242
Income**							
Less than \$15,000	29.9%	20.6%-41.3%	34.4%	25.3%-44.8%	34.9%	26.7%-44.2%	354
\$15,000-\$24,999	40.5%	30.4%-51.5%	28.9%	20.9%-38.4%	30.3%	21.8%-40.4%	366
\$25,000-\$49,999	41.9%	33.0%-51.3%	32.7%	25.1%-41.4%	24.7%	18.5%-32.1%	516
\$50,000-\$74,999	39.0%	29.2%-49.8%	34.7%	25.1%-45.8%	23.9%	16.5%-33.3%	361
\$75,000	50.1%	45.2%-55.1%	34.5%	29.9%-39.3%	12.5%	10.0%-15.4%	1466
Ward**							
Ward 1	49.4%	38.0%-60.8%	33.4%	24.1%-44.2%	17.0%	9.7%-28.3%	264
Ward 2	48.0%	35.3%-61.0%	30.3%	19.7%-43.4%	10.7%	6.9%-16.2%	258
Ward 3	58.0%	49.9%-65.7%	25.3%	20.3%-30.9%	13.0%	6.8%-23.4%	565
Ward 4	49.7%	40.6%-58.9%	29.0%	22.4%-36.7%	20.7%	14.3%-28.9%	508
Ward 5	34.2%	25.0%-44.7%	39.3%	30.2%-49.2%	26.2%	19.9%-33.7%	405
Ward 6	43.3%	34.3%-52.7%	32.0%	24.5%-40.5%	23.0%	16.9%-30.6%	404
Ward 7	31.7%	22.3%-43.0%	36.9%	27.7%-47.1%	31.4%	23.5%-40.6%	323
Ward 8	28.5%	20.0%-38.7%	27.2%	19.4%-36.9%	43.6%	34.5%-53.1%	354

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Tobacco Use - Smoking Status

Calculated Variable - Four-level smoker status

	Every day		Some days		Former smoker		Never smoked		UW
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Total	8.7%	7.0%-10.7%	7.3%	5.7%-9.4%	21.5%	19.2%-24.0%	62.5%	59.4%-65.5%	3782
Gender									
Male	8.0%	5.9%-10.8%	7.8%	5.4%-11.1%	24.4%	20.7%-28.4%	59.8%	55.0%-64.4%	1494
Female	9.3%	6.9%-12.2%	6.9%	4.8%-9.7%	18.9%	16.1%-22.1%	64.9%	60.8%-68.8%	2288
Age**									
21-34	6.7%	3.9%-11.0%	8.8%	5.4%-14.0%	13.2%	9.1%-18.6%	71.4%	64.6%-77.3%	311
35-44	5.4%	2.7%-10.5%	7.8%	4.5%-13.2%	22.3%	16.8%-28.8%	64.6%	57.1%-71.3%	417
45-54	14.5%	10.2%-20.1%	7.0%	4.1%-11.8%	22.0%	16.8%-28.4%	56.5%	49.8%-63.0%	548
55-64	14.7%	11.0%-19.4%	9.5%	5.8%-15.1%	24.5%	20.0%-29.6%	51.3%	45.4%-57.2%	772
65 and older	5.5%	4.0%-7.6%	4.7%	3.3%-6.5%	39.8%	36.2%-43.5%	50.0%	46.2%-53.7%	1623
Race/Ethnicity**									
White	3.5%	2.1%-5.9%	3.5%	2.0%-6.1%	24.1%	20.5%-28.1%	68.9%	64.4%-73.0%	1623
African American	14.9%	11.6%-18.8%	9.8%	7.4%-12.9%	21.2%	17.8%-25.0%	54.2%	49.5%-58.7%	1742
Other	10.2%	5.5%-18.3%	*	*	9.6%	5.7%-15.6%	73.7%	62.3%-82.6%	210
Hispanic	*	*	*	*	22.5%	13.6%-34.9%	64.2%	50.4%-76.0%	119
Education**									
Less than high school	19.0%	11.9%-28.9%	9.6%	4.9%-17.9%	23.5%	16.4%-32.5%	47.9%	37.5%-58.5%	218
High school graduate	14.8%	10.3%-20.7%	12.2%	7.7%-18.8%	15.0%	10.8%-20.5%	58.0%	50.2%-65.4%	674
Some college	12.3%	7.9%-18.6%	8.5%	4.8%-14.4%	19.7%	14.6%-26.1%	59.5%	51.6%-67.0%	540
College graduate	2.9%	2.1%-4.1%	4.7%	3.0%-7.1%	24.2%	21.0%-27.7%	68.3%	64.4%-71.9%	2334
Income**									
Less than \$15,000	19.0%	12.3%-28.4%	9.7%	4.9%-18.2%	18.1%	12.5%-25.6%	53.1%	43.2%-62.8%	369
\$15,000-\$24,999	14.2%	8.3%-23.3%	8.7%	4.6%-16.0%	26.8%	18.6%-37.0%	50.2%	39.8%-60.6%	369
\$25,000-\$49,999	7.8%	4.4%-13.2%	14.8%	8.7%-24.0%	19.1%	13.3%-26.5%	58.4%	49.3%-66.9%	520
\$50,000-\$74,999	7.6%	3.8%-14.5%	2.5%	1.1%-5.8%	22.5%	15.7%-31.1%	67.4%	57.8%-75.8%	359
\$75,000	3.3%	2.2%-5.0%	3.8%	2.2%-6.6%	24.9%	21.1%-29.1%	68.0%	63.4%-72.2%	1501
Ward									
Ward 1	*	*	*	*	28.7%	19.8%-39.7%	63.3%	52.3%-73.1%	262
Ward 2	*	*	*	*	18.2%	12.7%-25.6%	65.1%	53.0%-75.5%	267
Ward 3	*	*	*	*	29.8%	24.5%-35.8%	62.0%	55.0%-68.6%	577
Ward 4	6.5%	3.4%-12.3%	7.8%	4.1%-14.4%	24.0%	17.6%-31.8%	61.7%	52.8%-69.9%	523
Ward 5	9.3%	5.7%-14.9%	*	*	28.2%	20.0%-38.1%	55.9%	46.1%-65.2%	417
Ward 6	8.7%	4.2%-16.9%	10.8%	5.5%-20.2%	19.3%	14.0%-26.0%	61.2%	52.1%-69.7%	416
Ward 7	20.2%	12.1%-31.7%	7.0%	3.3%-14.2%	18.6%	13.4%-25.2%	54.3%	44.1%-64.1%	338
Ward 8	13.8%	8.4%-21.8%	14.6%	8.4%-24.0%	23.0%	16.1%-31.8%	48.6%	39.2%-58.2%	365

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Tobacco Use - Current Smoker

Calculated Variable - Adults who are current smokers



	No		Yes		UW
	%	95% CI	%	95% CI	
Total	84.0%	81.4%-86.3%	16.0%	13.7%-18.6%	3782
Gender					
Male	84.2%	80.3%-87.4%	15.8%	12.6%-19.7%	1494
Female	83.9%	80.2%-87.0%	16.1%	13.0%-19.8%	2288
Age					
18-24	86.1%	74.4%-93.0%	*	*	85
25-34	83.8%	77.0%-88.8%	16.2%	11.2%-23.0%	259
35-44	87.0%	80.8%-91.5%	13.0%	8.5%-19.2%	422
45-54	79.9%	73.8%-84.9%	20.1%	15.1%-26.2%	555
55-64	76.5%	70.7%-81.5%	23.5%	18.5%-29.3%	837
65 or older	89.8%	87.3%-91.9%	10.2%	8.1%-12.7%	1624
Race/Ethnicity**					
White	93.0%	89.8%-95.2%	7.0%	4.8%-10.2%	1623
African American	75.4%	71.0%-79.3%	24.6%	20.7%-29.0%	1742
Other	83.3%	72.1%-90.6%	16.7%	9.4%-27.9%	210
Hispanic	86.7%	72.7%-94.1%	*	*	119
Education**					
Less than high school	71.4%	60.9%-80.1%	28.6%	19.9%-39.1%	218
High school graduate	73.0%	65.6%-79.4%	27.0%	20.6%-34.4%	674
Some college	79.3%	71.9%-85.1%	20.7%	14.9%-28.1%	540
College graduate	92.4%	89.9%-94.3%	7.6%	5.7%-10.1%	2334
Income**					
Less than \$15,000	71.2%	61.1%-79.6%	28.8%	20.4%-38.9%	369
\$15,000-\$24,999	77.0%	67.2%-84.6%	23.0%	15.4%-32.8%	369
\$25,000-\$49,999	77.4%	68.3%-84.5%	22.6%	15.5%-31.7%	520
\$50,000-\$74,999	89.9%	83.0%-94.2%	10.1%	5.8%-17.0%	359
\$75,000	92.9%	90.0%-95.0%	7.1%	5.0%-10.0%	1501
Ward**					
Ward 1	92.0%	86.8%-95.3%	8.0%	4.7%-13.2%	262
Ward 2	83.3%	70.4%-91.3%	16.7%	8.7%-29.6%	267
Ward 3	91.8%	84.5%-95.8%	8.2%	4.2%-15.5%	577
Ward 4	85.7%	78.2%-90.9%	14.3%	9.1%-21.8%	523
Ward 5	84.0%	76.1%-89.7%	16.0%	10.3%-23.9%	417
Ward 6	80.5%	70.5%-87.7%	19.5%	12.3%-29.5%	416
Ward 7	72.8%	61.6%-81.8%	27.2%	18.2%-38.4%	338
Ward 8	71.6%	61.8%-79.8%	28.4%	20.2%-38.2%	365

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Tobacco Use - Hookah

A water pipe is also called a hookah. “Have you ever tried smoking tobacco in a water pipe in your entire life, even one or two puffs?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	29.8%	26.5%-33.3%	70.2%	66.7%-73.5%	3289
Gender					
Male	33.5%	28.5%-39.0%	66.5%	61.0%-71.5%	1290
Female	26.5%	22.3%-31.1%	73.5%	68.9%--77.7%	1999
Age**					
18-24	29.4%	18.1%-44.0%	70.6%	56.0%-81.9%	63
25-34	62.5%	53.0%-71.2%	37.5%	28.8%-47.0%	187
35-44	40.9%	33.2%-49.0%	59.1%	51.0%-66.8%	361
45-54	13.9%	10.1%-18.9%	86.1%	81.1%-89.9%	484
55-64	11.8%	8.8%-15.7%	88.2%	84.3%-91.2%	757
65 or older	7.4%	5.8%-9.3%	92.6%	90.7%-94.2%	1437
Race/Ethnicity**					
White	42.7%	37.5%-48.2%	57.3%	51.8%-62.5%	1441
African American	20.0%	15.8%-25.1%	80.0%	74.9%-84.2%	1493
Other	27.0%	17.1%-40.0%	73.0%	60.0%-82.9%	189
Hispanic	34.2%	20.5%-51.1%	65.8%	48.9%-79.5%	89
Education**					
Less than high school	*	*	87.5%	75.2%-94.2%	182
High school graduate	18.7%	12.5%-27.1%	81.3%	72.9%-87.5%	561
Some college	27.1%	19.6%-36.2%	72.9%	63.8%-80.4%	482
College graduate	40.2%	35.8%-44.8%	59.8%	55.2%-64.2%	2053
Income**					
Less than \$15,000	11.5%	6.0%-20.9%	88.5%	79.1%-94.0%	303
\$15,000-\$24,999	19.7%	11.7%-31.2%	80.3%	68.8%-88.3%	317
\$25,000-\$49,999	23.6%	15.6%-34.1%	76.4%	65.9%-84.4%	444
\$50,000-\$74,999	40.9%	29.8%-53.0%	59.1%	47.0%-70.2%	323
\$75,000	41.9%	36.9%-47.0%	58.1%	53.0%-63.1%	1350
Ward**					
Ward 1	48.0%	36.0%-60.4%	52.0%	39.6%-64.0%	235
Ward 2	29.7%	18.3%-44.4%	70.3%	55.6%-81.7%	238
Ward 3	24.3%	17.6%-32.5%	75.7%	67.5%-82.4%	541
Ward 4	32.8%	23.9%-43.1%	67.2%	56.9%-76.1%	467
Ward 5	29.0%	19.6%-40.7%	71.0%	59.3%-80.4%	372
Ward 6	25.0%	17.6%-34.3%	75.0%	65.7%-82.4%	381
Ward 7	13.2%	7.1%-23.3%	86.8%	76.7%-92.9%	288
Ward 8	17.0%	10.4%-26.7%	83.0%	73.3%-89.6%	295

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Alcohol Consumption - Binge Drinker

Calculated Variable - Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

	No		Yes		UW
	%	95% CI	%	95% CI	
Total	72.8%	69.5%-75.9%	27.2%	24.1%-30.5%	3702
Gender**					
Male	66.9%	61.6%-71.8%	33.1%	28.2%-38.4%	1457
Female	78.1%	73.8%-81.8%	21.9%	18.2%-26.2%	2245
Age**					
21-34	52.1%	45.0%-59.0%	47.9%	41.0%-55.0%	303
35-44	72.6%	65.3%-78.9%	27.4%	21.1%-34.7%	406
45-54	84.5%	79.1%-88.6%	15.5%	11.4%-20.9%	532
55-64	88.1%	83.9%-91.3%	11.9%	8.7%-16.1%	759
65 and older	95.2%	93.6%-96.4%	4.8%	3.6%-6.4%	1593
Race/Ethnicity**					
White	61.2%	55.8%-66.3%	38.8%	33.7%-44.2%	1600
African American	84.5%	80.0%-88.1%	15.5%	11.9%-20.0%	1694
Other	80.3%	69.7%-87.9%	19.7%	12.1%-30.3%	209
Hispanic	60.8%	46.4%-73.5%	39.2%	26.5%-53.6%	116
Education**					
Less than high school	85.7%	73.7%-92.7%	*	*	215
High school graduate	76.8%	67.8%-83.8%	23.2%	16.2%-32.2%	655
Some college	82.1%	73.7%-88.2%	17.9%	11.8%-26.3%	526
College graduate	64.9%	60.4%-69.1%	35.1%	30.9%-39.6%	2294
Income**					
Less than \$15,000	84.2%	74.5%-90.6%	15.8%	9.4%-25.5%	363
\$15,000-\$24,999	83.5%	71.8%-90.9%	16.5%	9.1%-28.2%	359
\$25,000-\$49,999	67.7%	57.9%-76.2%	32.3%	23.8%-42.1%	510
\$50,000-\$74,999	66.0%	53.9%-76.3%	34.0%	23.7%-46.1%	356
\$75,000	65.9%	60.7%-70.7%	34.1%	29.3%-39.3%	1481
Ward					
Ward 1	72.4%	59.8%-82.3%	27.6%	17.7%-40.2%	257
Ward 2	70.7%	56.1%-82.1%	29.3%	17.9%-43.9%	255
Ward 3	85.8%	79.0%-90.6%	14.2%	9.4%-21.0%	574
Ward 4	77.8%	67.4%-85.6%	22.2%	14.4%-32.6%	515
Ward 5	77.7%	66.1%-86.2%	22.3%	13.8%-33.9%	411
Ward 6	69.6%	59.5%-78.0%	30.4%	22.0%-40.5%	412
Ward 7	90.9%	85.6%-94.4%	9.1%	5.6%-14.4%	321
Ward 8	82.6%	73.3%-89.1%	17.4%	10.9%-26.7%	355

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Alcohol Consumption - Heavy Drinker

Calculated Variable - Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)

	No		Yes		UW
	%	95% CI	%	95% CI	
Total	90.9%	88.7%-92.7%	9.1%	7.3%-11.3%	3693
Gender					
Male	93.9%	90.8%-96.0%	6.1%	4.0%-9.2%	1453
Female	88.2%	84.8%-90.8%	11.8%	9.2%-15.2%	2240
Age					
21-34	87.8%	82.3%-91.7%	12.2%	8.3%-17.7%	306
35-44	92.5%	86.7%-95.9%	7.5%	4.1%-13.3%	402
45-54	91.5%	87.6%-94.3%	8.5%	5.7%-12.4%	531
55-64	92.7%	89.6%-94.9%	7.3%	5.1%-10.4%	762
65 and older	92.6%	90.6%-94.2%	7.4%	5.8%-9.4%	1584
Race/Ethnicity**					
White	84.4%	80.1%-88.0%	15.6%	12.0%-19.9%	1589
African American	96.9%	95.0%-98.1%	3.1%	1.9%-5.0%	1699
Other	90.3%	77.8%-96.1%	*	*	207
Hispanic	89.9%	77.5%-95.8%	*	*	113
Education					
Less than high school	91.8%	81.0%-96.7%	8.2%	3.3%-19.0%	213
High school graduate	92.1%	85.4%-95.9%	7.9%	4.1%-14.6%	659
Some college	94.5%	89.3%-97.3%	5.5%	2.7%-10.7%	530
College graduate	88.8%	85.7%-91.2%	11.2%	8.8%-14.3%	2280
Income					
Less than \$15,000	94.3%	85.3%-97.9%	*	*	364
\$15,000-\$24,999	97.4%	93.9%-98.9%	*	*	358
\$25,000-\$49,999	89.4%	81.7%-94.1%	10.6%	5.9%-18.3%	514
\$50,000-\$74,999	89.9%	78.5%-95.6%	10.1%	4.4%-21.5%	359
\$75,000	86.3%	82.5%-89.4%	13.7%	10.6%-17.5%	1475
Ward					
Ward 1	84.9%	72.8%-92.2%	15.1%	7.8%-27.2%	257
Ward 2	87.0%	75.2%-93.7%	13.0%	6.3%-24.8%	255
Ward 3	91.9%	89.2%-93.9%	8.1%	6.1%-10.8%	569
Ward 4	91.7%	84.9%-95.6%	8.3%	4.4%-15.1%	514
Ward 5	91.9%	82.2%-96.5%	8.1%	3.5%-17.8%	414
Ward 6	91.5%	85.6%-95.1%	8.5%	4.9%-14.4%	411
Ward 7	96.1%	91.0%-98.3%	*	*	318
Ward 8	97.1%	94.2%-98.6%	*	*	356

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Fruits and Vegetables - Fruit Consumption

Calculated Variable - Consume fruit one or more times per day

	Consumed fruit one or more time per day		Consumed fruit less than one time per day		UW
	%	95% CI	%	95% CI	
Total	63.0%	59.6%-66.3%	37.0%	33.7%-40.4%	3474
Gender					
Male	59.5%	54.3%-64.6%	40.5%	35.4%-45.7%	1375
Female	66.2%	61.7%-70.4%	33.8%	29.6%-38.3%	2099
Age**					
18-24	48.8%	36.0%-61.7%	51.2%	38.3%-64.0%	77
25-34	57.6%	49.4%-65.4%	42.4%	34.6%-50.6%	237
35-44	72.0%	64.9%-78.2%	28.0%	21.8%-35.1%	394
45-54	63.2%	56.0%-69.8%	36.8%	30.2%-44.0%	511
55-64	67.1%	61.4%-72.3%	32.9%	27.7%-38.6%	790
65 or older	70.1%	65.8%-74.1%	29.9%	25.9%-34.2%	1465
Race/Ethnicity					
White	68.3%	62.9%-73.2%	31.7%	26.8%-37.1%	1536
African American	56.4%	51.4%-61.2%	43.6%	38.8%-48.6%	1554
Other	60.2%	46.4%-72.5%	39.8%	27.5%-53.6%	196
Hispanic	68.6%	54.3%-80.0%	31.4%	20.0%-45.7%	110
Education					
Less than high school	50.5%	39.2%-61.7%	49.5%	38.3%-60.8%	187
High school graduate	59.0%	50.5%-67.0%	41.0%	33.0%-49.5%	586
Some college	60.7%	52.2%-68.7%	39.3%	31.3%-47.8%	502
College graduate	68.0%	63.6%-72.0%	32.0%	28.0%-36.4%	2187
Income					
Less than \$15,000	60.1%	49.9%-69.5%	39.9%	30.5%-50.1%	325
\$15,000-\$24,999	57.3%	46.1%-67.8%	42.7%	32.2%-53.9%	334
\$25,000-\$49,999	55.2%	45.7%-64.5%	44.8%	35.5%-54.3%	473
\$50,000-\$74,999	68.0%	56.4%-77.8%	32.0%	22.2%-43.6%	338
\$75,000	67.3%	62.2%-72.0%	32.7%	28.0%-37.8%	1438
Ward**					
Ward 1	73.7%	62.8%-82.3%	26.3%	17.7%-37.2%	247
Ward 2	71.1%	57.5%-81.8%	28.9%	18.2%-42.5%	248
Ward 3	75.0%	66.4%-82.0%	25.0%	18.0%-33.6%	551
Ward 4	67.0%	57.1%-75.6%	33.0%	24.4%-42.9%	481
Ward 5	70.6%	61.8%-78.1%	29.4%	21.9%-38.2%	388
Ward 6	63.8%	54.3%-72.4%	36.2%	27.6%-45.7%	398
Ward 7	50.8%	40.1%-61.5%	49.2%	38.5%-59.9%	289
Ward 8	53.7%	43.2%-63.8%	46.3%	36.2%-56.8%	308

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Fruit and Vegetables - Vegetable Consumption

Calculated Variable - Consume vegetables one or more times per day



	Consumed vegetables one or more times per day		Consumed vegetables less than one time per day		UW
	%	95% CI	%	95% CI	
Total	81.0%	78.0%-83.6%	19.0%	16.4%-22.0%	3414
Gender					
Male	79.2%	74.6%-83.2%	20.8%	16.8%-25.4%	1348
Female	82.5%	78.8%-85.8%	17.5%	14.2%-21.2%	2066
Age					
18-24	73.8%	60.3%-83.9%	26.2%	16.1%-39.7%	77
25-34	83.1%	76.1%-88.3%	16.9%	11.7%-23.9%	238
35-44	86.5%	79.5%-91.4%	13.5%	8.6%-20.5%	388
45-54	81.4%	74.6%-86.8%	18.6%	13.2%-25.4%	501
55-64	80.3%	75.5%-84.3%	19.7%	15.7%-24.5%	775
65 or older	76.0%	71.6%-80.0%	24.0%	20.0%-28.4%	1435
Race/Ethnicity**					
White	89.1%	84.6%-92.4%	10.9%	7.6%-15.4%	1515
African American	69.8%	65.0%-74.2%	30.2%	25.8%-35.0%	1530
Other	88.9%	76.6%-95.1%	*	*	189
Hispanic	87.4%	75.0%-94.2%	*	*	107
Education**					
Less than high school	57.8%	46.3%-68.4%	42.2%	31.6%-53.7%	183
High school graduate	72.0%	64.0%-78.8%	28.0%	21.2%-36.0%	570
Some college	78.2%	70.2%-84.5%	21.8%	15.5%-29.8%	496
College graduate	89.8%	86.6%-92.3%	10.2%	7.7%-13.4%	2153
Income**					
Less than \$15,000	65.9%	55.4%-75.0%	34.1%	25.0%-44.6%	319
\$15,000-\$24,999	69.5%	58.4%-78.7%	30.5%	21.3%-41.6%	334
\$25,000-\$49,999	76.6%	68.1%-83.5%	23.4%	16.5%-31.9%	463
\$50,000-\$74,999	85.8%	76.3%-91.9%	14.2%	8.1%-23.7%	335
\$75,000	89.9%	86.0%-92.9%	10.1%	7.1%-14.0%	1423
Ward**					
Ward 1	84.6%	72.0%-92.2%	15.4%	7.8%-28.0%	241
Ward 2	80.0%	65.4%-89.5%	20.0%	10.5%-34.6%	244
Ward 3	91.3%	83.9%-95.5%	8.7%	4.5%-16.1%	542
Ward 4	84.8%	76.6%-90.4%	15.2%	9.6%-23.4%	479
Ward 5	77.7%	68.5%-84.8%	22.3%	15.2%-31.5%	377
Ward 6	86.4%	78.2%-91.9%	13.6%	8.1%-21.8%	390
Ward 7	57.6%	46.0%-68.5%	42.4%	31.5%-54.0%	284
Ward 8	69.7%	59.4%-78.4%	30.3%	21.6%-40.6%	310

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,

Center for Policy, Planning and Evaluation (CPPE)

Seat Belt - Usage

Calculated Variable - Always or nearly always wear seat belts

	Always or Almost Always Wear Seat Belt		Sometimes, Seldom or Never Wear Seat Belt		UW
	%	95% CI	%	95% CI	
Total	94.9%	93.0%-96.3%	5.1%	3.7%-7.0%	3488
Gender					
Male	93.9%	90.3%-96.2%	6.1%	3.8%-9.7%	1365
Female	95.9%	93.8%-97.2%	4.1%	2.8%-6.2%	2123
Age					
18-24	88.9%	76.9%-95.0%	*	*	78
25-34	96.7%	93.2%-98.4%	*	*	234
35-44	95.0%	89.1%-97.8%	*	*	386
45-54	97.3%	93.8%-98.9%	*	*	504
55-64	94.5%	88.1%-97.5%	5.5%	2.5%-11.9%	789
65 or older	94.7%	92.6%-96.2%	5.3%	3.8%-7.4%	1497
Race/Ethnicity**					
White	98.9%	98.2%-99.3%	1.1%	0.7%-1.8%	1529
African American	91.5%	87.7%-94.2%	8.5%	5.8%-12.3%	1573
Other	91.4%	77.8%-97.0%	*	*	199
Hispanic	95.2%	86.7%-98.4%	*	*	102
Education					
Less than high school	91.3%	83.6%-95.6%	8.7%	4.4%-16.4%	202
High school graduate	89.9%	83.4%-94.0%	10.1%	6.0%-16.6%	591
Some college	95.6%	88.2%-98.4%	*	*	503
College graduate	97.2%	95.3%-98.3%	2.8%	1.7%-4.7%	2179
Income					
Less than \$15,000	95.3%	90.4%-97.7%	*	*	329
\$15,000-\$24,999	94.6%	85.9%-98.1%	*	*	336
\$25,000-\$49,999	89.0%	79.1%-94.6%	11.0%	5.4%-20.9%	471
\$50,000-\$74,999	97.1%	92.5%-98.9%	*	*	340
\$75,000	98.0%	96.2%-98.9%	2.0%	1.1%-3.8%	1428
Ward					
Ward 1	88.7%	75.2%-95.4%	*	*	244
Ward 2	96.4%	92.9%-98.2%	*	*	243
Ward 3	97.9%	95.5%-99.0%	*	*	552
Ward 4	96.4%	91.5%-98.5%	*	*	481
Ward 5	91.0%	79.1%-96.5%	*	*	394
Ward 6	96.8%	89.9%-99.1%	*	*	393
Ward 7	97.1%	93.7%-98.7%	*	*	298
Ward 8	96.0%	89.9%-98.5%	*	*	313

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Oral Health - Tooth Decay or Gum Disease

“How many of your permanent teeth have been removed because of tooth decay or gum disease?”

	1to 5		6 or more but not all		All		None		
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	UW
Total	27.6%	24.7%-30.7%	8.9%	7.4%-10.7%	3.4%	2.7%-4.4%	60.0%	56.7%-63.2%	3269
Gender									
Male	26.8%	22.4%-31.7%	8.9%	6.9%-11.6%	3.0%	2.1%-4.4%	61.2%	56.1%-66.1%	1287
Female	28.4%	24.6%-32.4%	8.9%	6.9%-11.4%	3.8%	2.8%-5.2%	58.9%	54.6%-63.1%	1982
Age**									
18-24	*	*	-	-	-	-	98.6%	95.2%-99.6%	64
25-34	22.2%	15.0%-31.7%	*	*			75.5%	65.9%-83.1%	189
35-44	27.4%	20.2%-36.0%	*	*	*	*	68.7%	60.1%-76.2%	366
45-54	32.5%	26.1%-39.6%	10.3%	6.0%-17.0%	*	*	55.3%	48.0%-62.4%	479
55-64	42.0%	36.0%-48.3%	14.3%	11.0%-18.4%	5.3%	3.1%-9.1%	38.3%	32.9%-44.0%	752
65 or older	34.6%	31.1%-38.2%	25.1%	21.1%-29.5%	12.8%	10.3%-15.8%	27.6%	24.6%-30.8%	1419
Race/Ethnicity**									
White	20.0%	16.6%-24.0%	2.3%	1.7%-3.0%	1.1%	0.5%-2.5%	76.7%	72.6%-80.3%	1433
African American	32.6%	28.2%-37.4%	16.2%	13.2%-19.7%	5.8%	4.5%-7.3%	45.4%	40.5%-50.5%	1493
Other	21.8%	13.4%-33.5%	5.8%	2.2%-14.5%	*	*	71.0%	58.4%-81.0%	183
Hispanic	37.0%	23.0%-53.5%	*	*	*	*	62.2%	45.7%-76.2%	86
Education**									
Less than high school	34.3%	24.1%-46.3%	24.4%	16.9%-33.7%	11.9%	7.8%-17.7%	29.4%	19.3%-42.1%	187
High school graduate	32.8%	25.7%-40.7%	9.8%	6.8%-13.8%	4.9%	3.2%-7.6%	52.5%	44.1%-60.7%	547
Some college	32.8%	25.3%-41.2%	13.0%	8.9%-18.6%	2.6%	1.6%-4.2%	51.7%	43.3%-60.0%	475
College graduate	21.8%	18.9%-24.9%	2.9%	2.3%-3.5%	1.1%	0.5%-2.1%	74.3%	71.0%-77.3%	2050
Income**									
Less than \$15,000	33.2%	23.4%-44.7%	18.4%	11.9%-27.2%	7.5%	4.6%-11.9%	41.0%	30.4%-52.4%	299
\$15,000-\$24,999	38.4%	28.0%-49.9%	15.2%	10.0%-22.4%	5.4%	3.4%-8.5%	41.1%	30.3%-52.7%	312
\$25,000-\$49,999	34.5%	25.9%-44.3%	9.7%	6.7%-13.8%	4.2%	2.3%-7.5%	51.6%	41.8%-61.4%	446
\$50,000-\$74,999	28.1%	20.0%-37.8%	4.4%	2.9%-6.6%	*	*	66.5%	56.6%-75.1%	324
\$75,000	20.7%	17.7%-24.0%	3.2%	2.1%-4.7%	*	*	75.8%	72.2%-79.1%	1355
Ward**									
Ward 1	27.0%	18.4%-37.7%	5.2%	2.8%-9.4%	*	*	64.4%	53.3%-74.1%	236
Ward 2	23.2%	15.0%-34.2%	*	*	*	*	71.8%	60.6%-80.8%	235
Ward 3	24.0%	19.4%-29.3%	3.5%	1.9%-6.3%	*	*	71.5%	65.6%-76.7%	534
Ward 4	23.6%	17.3%-31.4%	9.9%	6.7%-14.3%	4.0%	2.0%-7.9%	62.5%	53.7%-70.5%	464
Ward 5	25.7%	18.3%-34.8%	9.3%	6.3%-13.6%	5.6%	3.3%-9.3%	59.4%	49.8%-68.4%	378
Ward 6	26.6%	20.0%-34.5%	9.2%	5.6%-14.6%	*	1.5%-8.8%	60.5%	51.9%-68.4%	378
Ward 7	36.6%	26.4%-48.1%	22.7%	15.1%-32.7%	6.6%	3.8%-11.1%	34.2%	24.5%-45.3%	284
Ward 8	37.1%	27.5%-47.8%	10.8%	6.1%-18.4%	4.7%	2.7%-8.1%	47.4%	37.0%-58.0%	291

- Zero response

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,

Center for Policy, Planning and Evaluation (CPPE)

HIV/AIDS - HIV Test

“Have you ever been tested for HIV?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	70.2%	67.1%-73.1%	29.8%	26.9%-32.9%	3338
Gender					
Male	70.1%	65.1%-74.7%	29.9%	25.3%-34.9%	1314
Female	70.3%	66.4%-73.9%	29.7%	26.1%-33.6%	2024
Age**					
18-24	55.4%	42.1%-67.9%	44.6%	32.1%-57.9%	75
25-34	80.8%	73.5%-86.4%	19.2%	13.6%-26.5%	231
35-44	83.1%	76.4%-88.2%	16.9%	11.8%-23.6%	373
45-54	83.0%	77.7%-87.3%	17.0%	12.7%-22.3%	485
55-64	65.9%	60.0%-71.3%	34.1%	28.7%-40.0%	767
65 or older	38.0%	34.2%-42.1%	62.0%	57.9%-65.8%	1407
Race/Ethnicity**					
White	66.8%	61.9%-71.3%	33.2%	28.7%-38.1%	1450
African American	76.2%	72.2%-79.7%	23.8%	20.3%-27.8%	1523
Other	49.1%	35.4%-62.8%	50.9%	37.2%-64.6%	189
Hispanic	76.0%	62.2%-85.8%	24.0%	14.2%-37.8%	97
Education					
Less than high school	68.7%	57.9%-77.7%	31.3%	22.3%-42.1%	192
High school graduate	69.3%	60.7%-76.7%	30.7%	23.3%-39.3%	573
Some college	73.7%	66.5%-79.8%	26.3%	20.2%-33.5%	486
College graduate	69.5%	65.5%-73.3%	30.5%	26.7%-34.5%	2077
Income					
Less than \$15,000	76.0%	65.5%-84.1%	24.0%	15.9%-34.5%	320
\$15,000-\$24,999	71.2%	60.7%-79.9%	28.8%	20.1%-39.3%	325
\$25,000-\$49,999	66.2%	56.5%-74.6%	33.8%	25.4%-43.5%	456
\$50,000-\$74,999	76.2%	67.1%-83.4%	23.8%	16.6%-32.9%	334
\$75,000	69.1%	64.4%-73.5%	30.9%	26.5%-35.6%	1372
Ward**					
Ward 1	72.4%	61.0%-81.5%	27.6%	18.5%-39.0%	230
Ward 2	68.7%	55.8%-79.2%	31.3%	20.8%-44.2%	233
Ward 3	53.0%	45.2%-60.7%	47.0%	39.3%-54.8%	518
Ward 4	67.3%	58.1%-75.3%	32.7%	24.7%-41.9%	466
Ward 5	76.1%	67.1%-83.2%	23.9%	16.8%-32.9%	379
Ward 6	75.4%	68.3%-81.4%	24.6%	18.6%-31.7%	380
Ward 7	69.3%	58.4%-78.4%	30.7%	21.6%-41.6%	288
Ward 8	84.5%	75.5%-90.6%	15.5%	9.4%-24.5%	308

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

HIV/AIDS - Media Campaign

“In the past 12 months, have you heard or seen any DC Takes on HIV messages?”

	Yes		No		Total
	%	95% CI	%	95% CI	
Total	35.8%	32.3%-39.4%	64.2%	60.6%-67.7%	3064
Gender					
Male	37.3%	31.9%-42.9%	62.7%	57.1%-68.1%	1215
Female	34.4%	30.1%-39.0%	65.6%	61.0%-69.9%	1849
Age					
18-24	41.7%	27.5%-57.4%	58.3%	42.6%-72.5%	57
25-34	45.3%	35.7%-55.2%	54.7%	44.8%-64.3%	174
35-44	32.6%	25.4%-40.6%	67.4%	59.4%-74.6%	335
45-54	36.3%	29.8%-43.4%	63.7%	56.6%-70.2%	450
55-64	35.6%	29.6%-42.2%	64.4%	57.8%-70.4%	707
65 or older	22.6%	19.4%-26.1%	77.4%	73.9%-80.6%	1341
Race/Ethnicity					
White	34.4%	29.3%-40.0%	65.6%	60.0%-70.7%	1326
African American	38.4%	33.5%-43.7%	61.6%	56.3%-66.5%	1412
Other	15.7%	8.9%-26.0%	84.3%	74.0%-91.1%	170
Hispanic	44.5%	29.0%-61.1%	55.5%	38.9%-71.0%	87
Education					
Less than high school	35.1%	24.4%-47.6%	64.9%	52.4%-75.6%	172
High school graduate	33.7%	25.8%-42.7%	66.3%	57.3%-74.2%	526
Some college	36.6%	28.6%-45.3%	63.4%	54.7%-71.4%	456
College graduate	36.7%	32.4%-41.3%	63.3%	58.7%-67.6%	1904
Income					
Less than \$15,000	36.1%	25.6%-48.3%	63.9%	51.7%-74.4%	287
\$15,000-\$24,999	36.1%	26.3%-47.2%	63.9%	52.8%-73.7%	308
\$25,000-\$49,999	31.5%	22.9%-41.6%	68.5%	58.4%-77.1%	412
\$50,000-\$74,999	32.1%	22.8%-43.0%	67.9%	57.0%-77.2%	300
\$75,000	38.3%	33.3%-43.6%	61.7%	56.4%-66.7%	1255
Ward					
Ward 1	45.0%	32.7%-58.0%	55.0%	42.0%-67.3%	219
Ward 2	44.1%	31.1%-58.0%	55.9%	42.0%-68.9%	222
Ward 3	23.8%	17.4%-31.6%	76.2%	68.4%-82.6%	496
Ward 4	43.7%	34.0%-53.9%	56.3%	46.1%-66.0%	439
Ward 5	38.5%	28.9%-49.2%	61.5%	50.8%-71.1%	358
Ward 6	39.2%	30.4%-48.7%	60.8%	51.3%-69.6%	356
Ward 7	38.6%	28.2%-50.1%	61.4%	49.9%-71.8%	275
Ward 8	41.4%	30.5%-53.2%	58.6%	46.8%-69.5%	264

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,

Center for Policy, Planning and Evaluation (CPPE)

Traumatic Brain Injury - Head Injury

“Have you ever had a head injury?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	22.3%	19.6%-25.3%	77.7%	74.7%-80.4%	3257
Gender					
Male	24.6%	20.4%-29.4%	75.4%	70.6%-79.6%	1278
Female	20.3%	16.9%-24.2%	79.7%	75.8%-83.1%	1979
Age					
18-24	*	*	80.9%	67.2%-89.8%	62
25-34	22.3%	15.2%-31.6%	77.7%	68.4%-84.8%	188
35-44	22.1%	16.0%-29.6%	77.9%	70.4%-84.0%	358
45-54	23.2%	18.0%-29.5%	76.8%	70.5%-82.0%	480
55-64	24.6%	19.7%-30.2%	75.4%	69.8%-80.3%	753
65 or older	21.7%	18.7%-25.0%	78.3%	75.0%-81.3%	1416
Race/Ethnicity					
White	23.1%	18.9%-27.9%	76.9%	72.1%-81.1%	1419
African American	23.7%	19.5%-28.4%	76.3%	71.6%-80.5%	1483
Other	20.6%	11.9%-33.2%	79.4%	66.8%-88.1%	188
Hispanic	12.2%	5.9%-23.5%	87.8%	76.5%-94.1%	89
Education					
Less than high school	23.1%	15.6%-32.8%	76.9%	67.2%-84.4%	181
High school graduate	20.2%	14.3%-27.8%	79.8%	72.2%-85.7%	557
Some college	30.2%	22.7%-39.0%	69.8%	61.0%-77.3%	481
College graduate	19.5%	16.5%-22.8%	80.5%	77.2%-83.5%	2026
Income					
Less than \$15,000	22.9%	15.1%-33.2%	77.1%	66.8%-84.9%	300
\$15,000-\$24,999	28.1%	18.9%-39.6%	71.9%	60.4%-81.1%	316
\$25,000-\$49,999	19.8%	13.0%-29.0%	80.2%	71.0%-87.0%	437
\$50,000-\$74,999	19.4%	11.8%-30.4%	80.6%	69.6%-88.2%	322
\$75,000+	21.3%	17.7%-25.4%	78.7%	74.6%-82.3%	1338
Ward					
Ward 1	18.0%	11.1%-27.8%	82.0%	72.2%-88.9%	231
Ward 2	19.3%	10.7%-32.3%	80.7%	67.7%-89.3%	235
Ward 3	22.5%	17.6%-28.4%	77.5%	71.6%-82.4%	531
Ward 4	20.3%	13.8%-29.0%	79.7%	71.0%-86.2%	462
Ward 5	27.6%	18.9%-38.5%	72.4%	61.5%-81.1%	375
Ward 6	20.5%	15.0%-27.5%	79.5%	72.5%-85.0%	378
Ward 7	31.1%	21.6%-42.5%	68.9%	57.5%-78.4%	288
Ward 8	23.4%	15.8%-33.3%	76.6%	66.7%-84.2%	289

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015,
Center for Policy, Planning and Evaluation (CPPE)

Traumatic Brain Injury (TBI) - Concussion

“Have you ever been diagnosed with a concussion?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Total	12.0%	10.0%-14.3%	88.0%	85.7%-90.0%	3246
Gender					
Male	14.3%	11.0%-18.5%	85.7%	81.5%-89.0%	1263
Female	9.9%	7.8%-12.4%	90.1%	87.6%-92.2%	1983
Age					
18-39	12.3%	8.6%-17.4%	87.7%	82.6%-91.4%	407
40-64	12.5%	10.1%-15.3%	87.5%	84.7%-89.9%	1342
65 and older	11.0%	8.8%-13.6%	89.0%	86.4%-91.2%	1417
Race/Ethnicity					
White	13.5%	10.6%-17.0%	86.5%	83.0%-89.4%	1413
African American	11.2%	8.4%-14.8%	88.8%	85.2%-91.6%	1484
Other	13.7%	6.7%-26.1%	86.3%	73.9%-93.3%	182
Hispanic	*	*	91.2%	79.3%-96.5%	89
Education					
Less than high school	10.0%	5.5%-17.5%	90.0%	82.5%-94.5%	177
High school graduate	9.4%	5.6%-15.3%	90.6%	84.7%-94.4%	556
Some college	13.0%	8.1%-20.1%	87.0%	79.9%-91.9%	475
College graduate	13.1%	10.5%-16.1%	86.9%	83.9%-89.5%	2026
Income					
Less than \$15,000	13.1%	7.4%-22.1%	86.9%	77.9%-92.6%	296
\$15,000-\$24,999	10.8%	6.1%-18.6%	89.2%	81.4%-93.9%	312
\$25,000-\$49,999	6.4%	3.9%-10.2%	93.6%	89.8%-96.1%	437
\$50,000-\$74,999	9.5%	5.6%-15.6%	90.5%	84.4%-94.4%	322
\$75,000	14.6%	11.4%-18.6%	85.4%	81.4%-88.6%	1335
Ward					
Ward 1	12.5%	7.2%-20.9%	87.5%	79.1%-92.8%	234
Ward 2	11.7%	5.9%-21.8%	88.3%	78.2%-94.1%	238
Ward 3	18.5%	12.7%-26.2%	81.5%	73.8%-87.3%	529
Ward 4	9.2%	5.5%-15.0%	90.8%	85.0%-94.5%	462
Ward 5	12.8%	7.1%-22.1%	87.2%	77.9%-92.9%	372
Ward 6	10.7%	6.7%-16.8%	89.3%	83.2%-93.3%	370
Ward 7	11.4%	7.0%-18.0%	88.6%	82.0%-93.0%	288
Ward 8	14.2%	8.2%-23.4%	85.8%	76.6%-91.8%	292

*Unweighted sample <50 or RSE greater than 30%

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

General Preparedness - Household Preparedness

“How well prepared do you feel your household is to handle a large-scale or emergency?”

	Well prepared		Somewhat prepared		Not at all prepared		UW
	%	95% CI	%	95% CI	%	95% CI	
Total	20.6%	17.8%-23.7%	53.0%	49.5%-56.5%	26.4%	23.3%-29.7%	3217
Gender							
Male	24.7%	20.2%-30.0%	50.4%	44.9%-55.8%	24.9%	20.4%-30.0%	1269
Female	16.8%	13.6%-20.6%	55.5%	50.9%-59.9%	27.7%	23.7%-32.1%	1948
Age							
18-24	*	*	47.1%	32.6%-62.2%	*	*	59
25-34	16.9%	11.0%-25.2%	52.2%	42.7%-61.6%	30.9%	22.8%-40.2%	186
35-44	17.2%	11.3%-25.2%	53.4%	45.1%-61.5%	29.4%	22.3%-37.7%	357
45-54	21.9%	16.2%-29.1%	53.4%	46.0%-60.6%	24.7%	18.8%-31.8%	473
55-64	20.1%	15.2%-26.0%	55.5%	49.6%-61.3%	24.4%	19.9%-29.6%	749
65 or older	25.4%	21.9%-29.3%	55.0%	51.0%-59.0%	19.6%	16.5%-23.0%	1393
Race/Ethnicity							
White	15.5%	12.0%-19.8%	61.3%	56.1%-66.4%	23.2%	18.9%-28.0%	1424
African American	21.7%	17.7%-26.2%	48.8%	43.7%-53.9%	29.6%	25.0%-34.6%	1451
Other	29.5%	17.3%-45.5%	45.6%	31.6%-60.4%	24.9%	14.1%-40.1%	180
Hispanic	27.0%	14.5%-44.6%	47.1%	31.6%-63.1%	*	*	88
Education							
Less than high school	24.6%	15.4%-36.8%	46.8%	35.4%-58.6%	28.6%	18.9%-40.8%	170
High school graduate	24.0%	17.1%-32.7%	46.3%	37.8%-55.0%	29.6%	22.7%-37.7%	544
Some college	22.5%	16.0%-30.7%	50.5%	42.0%-58.9%	27.0%	20.0%-35.3%	476
College graduate	17.5%	14.4%-21.1%	58.7%	54.3%-63.0%	23.8%	20.1%-27.9%	2016
Income**							
Less than \$15,000	23.7%	15.3%-34.8%	45.9%	34.9%-57.3%	30.5%	21.0%-41.9%	293
\$15,000-\$24,999	24.7%	15.6%-36.7%	44.7%	34.0%-55.8%	30.6%	21.3%-41.9%	313
\$25,000-\$49,999	30.7%	21.5%-41.9%	45.6%	35.9%-55.6%	23.7%	16.6%-32.6%	431
\$50,000-\$74,999	9.1%	5.5%-14.8%	64.0%	52.6%-74.1%	26.8%	17.6%-38.6%	317
\$75,000	15.8%	12.6%-19.6%	59.8%	54.8%-64.5%	24.4%	20.2%-29.2%	1333
Ward							
Ward 1	13.2%	6.1%-26.4%	55.6%	43.0%-67.6%	31.2%	20.5%-44.3%	229
Ward 2	17.0%	9.9%-27.7%	59.3%	46.2%-71.3%	23.6%	14.2%-36.7%	237
Ward 3	16.3%	11.3%-23.0%	60.3%	52.5%-67.7%	23.3%	17.3%-30.8%	533
Ward 4	17.8%	11.5%-26.5%	62.1%	52.6%-70.7%	20.1%	14.1%-27.9%	461
Ward 5	14.1%	7.8%-23.9%	56.1%	45.2%-66.5%	29.8%	20.4%-41.3%	359
Ward 6	15.1%	9.7%-22.7%	59.5%	50.3%-68.0%	25.4%	18.1%-34.5%	375
Ward 7	27.8%	18.5%-39.5%	43.8%	33.4%-54.8%	28.4%	19.2%-39.8%	280
Ward 8	30.1%	20.7%-41.5%	45.1%	34.6%-56.1%	24.8%	16.7%-35.1%	282

*Unweighted sample <50 or RSE greater than 30%

**Statistically Significant

UW= Unweighted number of total sample

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) survey, 2015, Center for Policy, Planning and Evaluation (CPPE)

Resources

- ¹ Prepared by the Office of Planning State Data Center: 2011-2015 American Community Survey (ACS), Key Demographic Indicators
- ² National Vital Statistics System - Mortality Data - <http://www.cdc.gov/nchs/deaths.htm>
- ³ Centers for Disease Control and Prevention. Healthy People 2020. www.healthypeople.gov
- ⁴ Center for Disease Control and Prevention. Promoting Brain Health: https://www.cdc.gov/aging/pdf/cognitive_impairment/cogimp_genaud_final.pdf
- ⁵ Older Americans with a Disability. 2008-2012. <https://www.census.gov/content/dam/Census/library/publications/2014/acs/acs-29.pdf>
- ⁶ Centers for Disease Control and Prevention. Disability and Health. <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>
- ⁷ Healthy People <https://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status>
- ⁸ Urban Institute <http://www.urban.org/research/publication/why-health-insurance-important>
- ⁹ <https://www.healthcare.gov/why-coverage-is-important/coverage-protects-you>
- ¹⁰ Centers for Disease Control and Prevention. Adult Obesity. <https://www.cdc.gov/vitalsigns/AdultObesity/index.html>
- ¹¹ Centers for Disease Control and Prevention. Overweight and Obesity. <https://www.cdc.gov/obesity/data/adult>
- ¹² Centers for Disease Control and Prevention. Diabetes Home. Prediabetes. <https://www.cdc.gov/diabetes/basics/prediabetes.html>
- ¹³ Centers for Disease Control and Prevention. Preventing Chronic Disease - Prevalence of Self-Reported Prediabetes Among Adults Participating in a Community-Based Health Awareness Program, New York State. https://www.cdc.gov/pcd/issues/2009/apr/pdf/08_0067.pdf
- ¹⁴ Centers for Disease Control and Prevention. Physical Activity - How Much Physical Activity Do Adults Need. <https://www.cdc.gov/physicalactivity/basics/adults/index.htm>
- ¹⁵ CDC. Alcohol and Public Health. Fact Sheets – Binge Drinking. <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>
- ¹⁶ CDC. Physical Activity. <https://www.cdc.gov/physicalactivity/basics/index.htm>
- ¹⁷ CDC. Healthy Weight. https://www.cdc.gov/healthyweight/physical_activity/index.html
- ¹⁸ Fruit and Vegetable Safety. <https://www.cdc.gov/features/foodsafetyquiz/index.html>
- ¹⁹ Centers for Disease Control and Prevention. Indicator Definitions - Nutrition, Physical Activity and Weight Status. <https://www.cdc.gov/cdi/definitions/nutrition-physical.html>
- ²⁰ CDC. Smoking and Tobacco Use. Hookahs. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm
- ²¹ CDC. Seat Belts: Get the Facts. <https://www.cdc.gov/motorvehiclesafety/seatbelts/facts.html>

Resources

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